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The psychological burden of the COVID-19 Pandemic on Arab citizens in Saudi Arabia, Sudan and Jordan

Halima Mohamed Adam (1)

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Abstract:

The study aimed to reveal the psychological burden in the light of Corona virus pandemic. To achieve study objectives, a scale was prepared to reveal the mental disorders. The study sample consisted of (532) individuals. The results showed that the most prevalent disorder is panic disorder with (25%), the least of which is adjustment disorder with (15%). Moreover, the results indicated that there are no differences in all mental disorders due to the gender variable, except for adjustment disorder, in favor of males. Also, the age group (15-19) years is the most affected by panic disorder, general anxiety and adjustment, the Saudi nationals were the most affected by panic disorder, severe depression and obsessive-compulsive disorder, and there were no differences in generalized anxiety disorder and adjustment due to the nationality and residence variables. In addition, the population of Saudi Arabia is the most affected by panic disorder. The results showed that individuals with chronic diseases are the most affected by all mental disorders, there are differences in panic disorder due to the economic status variable, in favor of the low-income category, and there are differences in the rest of the studied disorders, in favor of the middle-income category.

Keywords: Psychological burden, mental disorders, Corona virus.

(1) College of Arts and Sciences - University of Ha'il (Ha'il - Saudi Arabia)
halowadam2@gmail.com

Introduction:

Mental health helps the individual to invest abilities and skills in diligent work and achieve goals. It also contributes to choosing appropriate strategies that will help in facing various problems and difficulties that may face. In addition, mental health helps in managing and controlling any crisis that may be individual exposed to, and reducing its risks. Hence, Corona virus pandemic is considered the most crises affecting the whole world during this period.

The American Psychiatric Association (APA) has indicated that the main cause of mental problems and stress is the crises that an individual is exposed to through the life, which may have a negative effect on the individual's mental health which is a key factor of managing and controlling the crises positively (APA, 2013).

The Corona virus pandemic began at the end of 2019. It appeared in Yuhan city, the capital of the Chinese province of Hubei. The pandemic has spread in all countries in a relatively short time, which led to the exposure of all individuals and groups of societies to an unprecedented radical change in the routine life events, which negatively affected their lifestyle (Chan, et al, 2020).

The impact of the Corona virus pandemic was not limited to the lifestyle of individuals, but it negatively affected the economies, the financial return, individual income, and health systems in all countries of the world. Moreover, it has affected the individuals' movement and their work, teaching became remote, flights have been canceled, and the land and sea travels became limited to trade only (Viswanath & Monga, 2020).

One of the most important effects of Corona virus pandemic on the world's population are home quarantine, curfews, imposed restrictions such as wearing a mask, ban of socializing, physical distancing, continuous monitoring, and restricting their movement greatly, which led to their isolation from the outside environment and increasing their psychological burden level (Banerjee, 2020).

As a result of the isolation of individuals by staying home, many people have followed up the media, including television and all social media that were concerned with providing information regarding Corona virus. Unfortunately, it was noticed that the spread of false information and the alarming figures related to injuries and deaths due to Corona virus. This led individuals to feel panic, fear and tension, which in turn affected their mental health negatively, and increased their psychological burden (Velavan & Meyer, 2020).

According to the World Health Organization (WHO), mental problems are a major cause of many difficulties that an individual may experience in different countries of the world (WHO, 2002). It has been observed that mental problems are widespread among males and females alike. This was due to the high rates of difficult and stressful events that affected various areas of life, which were reflected on the level of psychological burden (March, Marques, Mezquita, Fananas & Moya-Higueras, 2017).

Many studies have dealt with psychological burden and psychological stress that may afflict individuals as a result of the Corona virus pandemic; such as the study of Al-Feki and Abu Al-Fotouh (2020) which was conducted in Egypt, to identify the nature of the psychological problems resulting from the Corona virus pandemic. To achieve the study objectives,

the psychological problems scale was used. The study sample consisted of (746) university students. The results showed that one of the psychological problems that students suffered from most was boredom, and they suffered from a medium level of other psychological problems. The results also indicated that there are differences in psychological problems due to the gender variable, in favor of females, and age variable, in favor of those aged (18-22), but there were no differences in psychological problems due to the place of residence variable.

Ojewaleg (2020) conducted a study in Nigeria aimed to reveal the psychological statue and family performance of Ibadan University students during the closure related to Corona virus. To achieve the study objectives, an online questionnaire and an anxiety and depression scale were distributed. The study sample consisted of (386) university students. The study results showed that the prevalence of anxiety and depression was (41.5%) and (31.9%), students with health specializations were less anxious than others. The results also indicated that there is a correlation between the inability to afford three meals a day, negative family performance, chronic disease and living in an area with a high rate of Corona infection with depressive disorder.

Tadmoury, Fawaz and Hamiyah (2020) conducted a study in Lebanon that aimed to reveal the mental health level of the Lebanese during Corona crisis, and to reveal the differences on the level of mental health in light of some demographic variables. To achieve the study objectives, a modified list of pathological symptoms was used. The study sample consisted of (2347) individuals, their ages ranged between (13-84) years. The study results showed that the Lebanese have a high level of mental health. The results also indicated that there are differences on the level of mental health

due to the age group variable, in favor of adolescence, gender variable, in favor of females, social status variable, in favor of singles, educational level variable, in favor of those with intermediate education, the employment status between workers and students variable, in favor of students, between workers and the unemployed variable, in favor of the unemployed, and the economic level variable, in favor of those with a low economic level.

Moreover, the study of Bhat, Khan, Manzoor, Niyaz, Tak, Anees, Gull & Ahmad (2020), which was conducted in India, aimed to reveal the impact of Corona virus on mental health, economic conditions and social life. To achieve the study objectives, an online survey was conducted. The study results showed that (76.6%) of the respondents believe that the closure is the temporary solution to prevent the spread of Corona virus. Also, the results indicated that if the closure continues, this can lead to many new problems; such as psychological problems (67.5%), social problems (53.5%), economic problems (48.5%), and academic problems.

Xiong, Lipstiz, Nasri, Lui, Gill, Phan, Chen-Li, Lacobucci, Ho, Majeed & Mclntyre (2020) conducted a study that aimed to reveal the impact of Corona pandemic on mental health of the population. To achieve the study objectives, a systematic search was conducted and articles and studies related to the study subject were reviewed. The study results showed an increase in the rates of anxiety symptoms from (6.33%) to (50.9%), depression from (14.6%) to (48.3%), post-traumatic stress disorder from (7%) to (53.8%), psychological distress from (34.43%) to (38%), and stress from (8.1%) to (81.9%) among the population during Corona pandemic in China, Spain, Italy, Iran, USA, Turkey, Nepal and Denmark.

Zhang & Ma (2020) conducted a study in China that aimed to reveal the impact of Corona virus (COVID-19) pandemic on the mental health and quality of life among individuals. To achieve the study objectives, an online survey was conducted through the social media platform, and a questionnaire to assess the impact of events scale, indicators of negative effects on mental health, social and family support, and lifestyle changes related to mental health. The study sample consisted of (263) participants. The study results showed that (53.3%) of the participants did not feel helpless because of the pandemic, and that (52.1%) of them felt terrified and afraid because of the pandemic. The results also indicated that the majority of participants received increasing support from friends and family members. Also, Corona pandemic was associated with light pressures feeling, although this pandemic is still ongoing.

By reviewing the previous studies, it is clear that all of them dealt with mental health disorders in light of the Corona pandemic. There were two studies which were conducted in Arab countries; the studies of Al-Feki and Abu Al-Fotouh (2020), Tadmoury, Fawaz and Hamiyah (2020). On the other hand, the rest of the studies were conducted in foreign countries, some of which dealt with the students as the study of Ojewaleg (2020), the rest of the studies dealt with the category of individuals in general, such as the studies of Bhat et al (2020), and Xiong et al (2020).

Moreover, by comparing the current study with previous studies, the current study has an advantage which is the first comparative study that included hree countries: Saudi Arabia, Sudan and Jordan. Therefore, it is noticed that there is lack of previous studies on the psychological burden in the light of the Corona pandemic, especially in the Saudi environment within some important demographic variables for individuals, which

legitimizes this study, especially in light of the scarcity of studies in this field. This study is expected to add to the previous studies.

The Study Problem

Since the beginning of the Corona Virus (COVID-19) pandemic people have been living in a state of fear, tension and anxiety due to the injuries and deaths caused by Corona virus all over the world. All members of different societies follow up the news of the pandemic and the painful events that it may cause. This may lead to make individuals feel fear of infection with the virus and the resulting psychological disorders and problems.

Despite what WHO announced about the impact of the Corona virus pandemic on the social lifestyle of individuals, the attention was directed to study and examine the physical health status of the individual which overlooked the psychological status, and its role in enhancing both psychological and physical immunity. Therefore, we aimed to investigate the level of psychological burden among individuals in many countries (Saudi Arabia, Sudan, Jordan), with the aim of finding certain mechanisms that may limit the psychological effects that result from infection with Corona virus. Specifically, the problem of the study lies in answering the following questions:

- What is the level of psychological burden among the study sample members in the light of Corona virus pandemic?
- Are there statistically-significant differences in the psychological burden level in the light of Corona virus pandemic due to demographic and social variables?

The Significance of study

The significance of this study is reflected in two areas, which are as follows:

First: Theoretical significance: The significance of the study lies in the important variable of individual life, which is the psychological burden, especially in light of Corona the pandemic. This makes them need additional psychological support in various areas, so this study can benefit officials of the Corona pandemic in the three countries by providing a theoretical framework on Corona virus, and the psychological burden. Moreover, this study will contribute to doing more research and studies in this field within the study variable and other variables. Therefore, the study provided a scale that measures the level of psychological burden.

Second: Field significance: The results of this study can contribute to direct the officials and those responsible for limiting the spread of Corona virus to develop guidance programs and awareness activities that contribute to reducing the psychological burden level in the light of Corona pandemic. In addition, producing some awareness publications within this framework, and holding online conferences and seminars.

Conceptual and Procedural Definitions

1. **Psychological burden**: It is a set of psychological problems that include maladaptive behaviors that are considered abnormal related to what the individual does and feels (Pilgrim, 2015).
2. **Corona Virus (Covid-19)**: Is a virus that causes disease to humans and animals. WHO described it as a pandemic, it has appeared recently in the Chinese city of Yuhan in 2019. The most important symptoms are fever, fatigue and dry cough (WHO, 2020).

Study limitations

- **Human and spatial limits**: The study population was limited to individuals in three countries (Saudi Arabia, Sudan, Jordan), their ages ranged from (15-50 years and over).
- **Temporal limits**: The study was conducted during the period from April to October of the year 2020.
- **Reliability limits**: The results of the study were determined by the tool that was used: the psychological burden scale, and its psychometric properties.
- **Conceptual Boundaries**: The results of the study were determined in light of the concepts and terms used in this study, and the terminology contained in different fields.

Materials and methods

Study design

The researcher used the descriptive-survey method for its relevance to the study problem and its hypotheses.

The study used an electronic questionnaire that was distributed over the internet by groups of friends and relatives through the WhatsApp and Facebook applications, due to the inability to distribute the paper questionnaire due to the closure procedures that were applied electronically. The study participants received the questionnaire via an electronic link that bears the title of the study and an introductory paragraph appears on its interface that clarifies the purpose of the study and invites people to participate, and starting the response is like agreeing to participate.

Participants

The study sample consisted of 564 people, thirty-two of them were excluded for lack of completeness of the data, so the final number reached 532. The sample included citizens of three Arab countries from the Middle East. The number of participants was from Saudi Arabia (n = 268), the participants from Sudan (n = 204), and the participants from Jordan (60). The ages of the participants ranged from 15 to 50 years and above. The countries of residence of the participants differed, as they included residents of Saudi Arabia, Sudan, Jordan and European Union countries. Data were collected from April to October 2020.

Instruments

Study participants completed two online surveys:

1. The first part deals with personal data (age, nationality, place of residence, income level, field of work, health status), see Table (1).

Table (1): The psychological burden of the sample members

Variables		N	%
Gender	Male	136	25.6%
	Female	396	74.4%

Variables		N	%
Age	to 19 15	16	3.0%
	to 29 20	152	28.6%
	to 39 30	212	39.8%
	to 49 40	84	15.8%
	and more 50	30	19.23%
Nationality	Saudis	268	50.4%
	Sudanese	204	38.3%
	Jordanians	60	11.3%
Place of residence	Saudi Arabia	356	66.9%
	Sudan	88	16.5%
	Jordan	52	9.8%
	European Union countries	36	6.8%
Health status	Fit	384	72.2%
	Have chronic diseases	92	17.3%
	Haven’t chronic diseases	56	10.5%

Variables		N	%
Economic situation	Low income	164	30.8%
	Middle income	280	52.6%
	High income	88	16.5%
Functional field	Unemployed	136	25.6%
	Medical	136	6.8%
	Educational	124	23.3%
	Media	4	0.8%
	administrative jobs	52	9.8%
	service jobs	24	4.5%
	Engineering	76	14.3%
	Student	80	15.0%

2. List of Neurotic Symptoms screen scale (LNSS)

The second questionnaire dealt with the List of Neurotic Symptoms screen scale (LNSS) prepared by the researcher, the scale consists of 64 phrases that are answered on the Likert five-point scale (never, rarely, sometimes, always).

The survey list measures five disorders (panic, generalized anxiety, major depression, obsessive-compulsive disorder, and adjustment). The score obtained is interpreted according to a scale that includes Normal, Mild, Moderate, and Severe.

The scale was built on the basis of the diagnostic criteria for mental disorders included in the Diagnostic and Statistical Manual V, (DSM-5),

issued by the APA. The scale was presented to arbitrators from psychologists, university professors, and workers in the mental health sector. To verify the validity and reliability of the scale, using the Pearson correlation coefficient was employed to check the integrity of the paragraphs' internal consistency in order to ensure their validity. The results of this process showed that all paragraphs were saturated and that they were statistically significant. As a result, all of the scale paragraphs are internally consistent. Cronbach's Alpha was used to determine the scale reliability. The survey list has an internal consistency validity of 0.99 and a reliability of 0.98 at the 0.05 significance level the scale has a high degree of reliability, validity, and can be trusted in this research.

Statistical analysis

Parametric tests were used for analysis and descriptive statistics such as frequencies, means, and standard deviation. Correlations between variables were tested using the Pearson Correlation Test coefficient. Intergroup comparisons were made using the Mann - Whitney test, the t-test and one-way analysis of variance (ANOVA) to compare categorical variables. To discover the predictive value of various variables, linear regression was used.

Cronbach's Alpha, Guttman and Spearman-Brown laboratories were used to validate the instrumentation study, and all calculations were performed with SPSS for Statistical Package for Social Sciences, version 24.

Results:

The First Question: What is the psychological burden level among the study sample members in the light of Corona virus pandemic?

Table (2): The psychological burden of the sample members

Disorders	Test Value .Hypothesized mean	Mean	SD	T	sig	Normal %/N	Mild %/N	Moderate %/N	Severe %/N
PD	30	21.0677	9.9378	20.731-	0.000	104 20%	276 52%	108 20%	44 8%
GAD	24	15.9774	8.2233	22.502-	0.000	180 34%	228 42.85%	76 14.28%	48 9.02%
MDD	33	20.6692	10.4308	27.267-	0.000	160 30.07%	256 48.12%	92 17.29%	24 4.52%
OCD	27	16.5564	8.8829	27.118-	0.000	204 38%	200 37.59%	96 18.04%	32 6.01%
AD	24	14.4135	7.8413	28.199-	0.000	264 49.71%	156 29.37%	79 14.90%	32 6.02%

By looking at Table (2), the psychological burden of the sample members during the Covid 19, which was measured by the Neurotic Symptoms Survey list, we see that it includes panic disorder, generalized anxiety disorder, major depressive disorder, obsessive-compulsive disorder, and adjustment disorder. Four levels of intensity were identified, normal, mild, moderate, and severe.

After excluding normal levels of all disorders, it becomes clear that the most influential of the respondents is panic disorder by 25%, the least effect of which is adjustment disorder by 15%, while the rates of general anxiety, major depression and obsessive-compulsive disorder are close to (20-18%). Figure (1) explains this result.

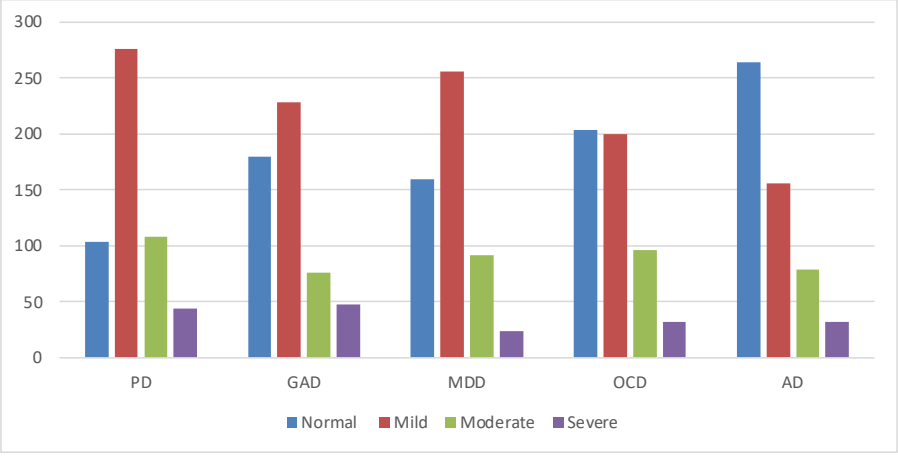

Figure 1. **The psychological burden of the sample members**

The severity of panic disorder varied: (64.5%) had mild ones, 25.8% had a moderate degree, and 10.3% had a high degree of panic. As for those with generalized anxiety disorder, 64.8% of them had mild anxiety, 21.6% moderate and 13.7% severe. The degree of major depression varied among

the sample, with the percentage of those with a low degree of 68.8%, 24.8% had a moderate degree, while 6.45% had a severe degree. With regard to the degree of affliction of the subjects of the sample with obsessive-compulsive disorder, we find that 61% of them had a mild degree, 29.3% had a moderate degree, and 9.8% suffer severely.

The degrees of severity of the adjustment disorder also varied. We find that 58.5% had a mild degree, 29.6% had a moderate degree, and 12% had a severe degree.

A single-sample T-test was used to compare the mean of the sample with an assumed value for the community to identify the severity of the mental health burden among the sample members. The highest value was for t = -28.199, while the lowest value was for T = -20.731. All values of a test are statistically significant at 0.000.

The second question: Are there statistically-significant differences in the psychological burden level in the light of the Corona virus pandemic due to demographic and social variables?

Table (3): Difference in psychological burden according to gender variable

Psychological disorder	Group	N	Mean Ranks	Sum of Ranks	Mann-Whitney U	z	Sig
PD	female	136	258.03	35092.00			0.456
	male	396	269.41	106686.00	25776.000	0.746-	
GAD	female	136	256.09	34828.00			0.358
	male	396	270.08	106950.00	25512.000	0.920-	
MDD	female	136	263.74	35868.00			0.807
	male	396	267.45	105910.00	26552.000	-0.244	
OCD	female	136	281.74	38316.00			0.174
	male	396	261.27	103462.00	24856.000	-1.359	
AD	female	136	292.21	39740.00			0.020
	male	396	257.67	102038.00	23432.000	2.324-	

According to table (3), the Mann-Whitney test was used to find out the differences attributed to the gender variable. It was found that the gender variable did not make any differences between the sample members in all mental disorders that we studied, except for adjustment disorder (AD), where it was found that males are more affected by adjustment disorder than women, the value of Z = (2.324), at a significance level of 0.000.

One-way ANOVA test was used to check for differences in mental disorders attributable to the following variables: age, nationality, place of residence, health status, economic status, and field of work.

Table (4): Difference in psychological burden according to demographic and social factors

Variables	Source						F	Sig
	Between groups			Within groups				
	Sum of Squares	df	Mean Square	Sum of Squares	df	Mean Square		
PD								
Age	1592.656	4	398.164	1592.656	527	96.487	4.127	0.003
Nationality	1063.138	2	531.569	51378.426	529	97.124	5.473	0.004
Place of residence	837.600	3	279.200	51603.964	528	97.735	2.857	0.037
Health status	1789.917	2	894.958	50651.647	529	95.750	9.347	0.000
Economic situation	1549.018	2	774.509	50892.546	529	96.205	8.051	0.000
Functional field	1696.814	7	242.402	50744.750	524	96.841	2.503	0.015
GAD								
Age	1124.494	4	281.123	34783.235	527	66.002	4.259	0.002
Nationality	161.303	2	80.651	35746.426	529	67.574	1.194	0.304
Place of residence	354.851	3	118.284	35552.878	528	67.335	1.757	0.154
Health status	1280.493	2	640.241	34627.246	529	65.458	9.781	0.000
Economic situation	395.946	2	197.973	35511.783	529	67.130	2.949	0.053
Functional field	1050.396	7	150.057	34857.334	524	66.522	2.256	0.029
MDD								
Age	896.180	4	224.045	56877.594	527	107.927	2.076	0.083
Nationality	1232.599	2	616.299	56541.176	529	106.883	5.766	0.003
Place of residence	1634.583	3	544.861	56139.191	528	106.324	5.125	0.002

Health status	1824.901	2	912.450	55948.874	529	105.763	8.627	0.000
Economic situation	1645.390	2	822.695	56128.385	529	106.103	7.754	0.000
Functional field	1775.224	7	253.603	55998.551	524	106.867	2.373	0.021
OCD								
Age	646.315	4	161.579	41252.993	527	78.279	2.064	0.084
Nationality	586.428	2	293.214	41312.880	529	78.096	3.755	0.024
Place of residence	928.356	3	309.452	40970.952	528	77.597	3.988	0.008
Health status	1288.282	2	644.141	40611.026	529	76.769	8.391	0.000
Economic situation	925.038	2	462.519	40974.271	529	77.456	5.971	0.003
Functional field	1449.065	7	207.009	77.195	524	40450.243	2.682	0.010
AD								
Age	1171.910	4	292.978	31477.112	527	59.729	4.905	0.001
Nationality	207.034	2	103.517	32441.989	529	61.327	1.688	0.186
Place of residence	595.060	3	198.353	32053.962	528	60.708	3.267	0.021
Health status	653.028	2	326.514	31995.995	529	60.484	5.398	0.005
Economic situation	1076.609	2	538.304	1076.609	529	59.683	9.019	0.000
Functional field	1482.931	7	211.847	31166.092	524	59.477	3.562	0.001

Table (4) shows that the age group 15-19 years is the most affected by panic disorder, general anxiety and adjustment. The F value for all these disturbances ranges from 4.127 to 7.905 at a significance level of 0.001 to 0.003.

As for the people who hold Saudi nationality, they were the most affected among the sample members with panic disorder, major depression and obsessive-compulsive disorder, the value of F was according to the various disorders as follows (PD) F = 5.475, sig 0.004 (MDD) F = 5.766, sig 0.003, (OCD) F = 3.755, sig 0.024. While there were no differences according to nationality in general anxiety disorder and adjustment.

The countries of residence of the sample members varied, as they included Sudan, Saudi Arabia, Jordan, and the European Union countries. The differences in vulnerability to mental disorders were ascertained according to the place of residence of the sample members. Residents of Saudi Arabia are most affected by panic disorder, with a F value of 2.857 at a significance level of 0.037, while residents of European Union countries are the most affected by major depressive disorder, obsessive-compulsive disorder, and adjustment disorder. The F-value ranged from 3.267 to 5.766, and the significance level ranged from 0.003 to 0.024. However, there are no differences in general anxiety disorder attributable to the variable of residence.

The sample members were asked about their health condition, and the answers of the sample members varied and included three options: I do not suffer from chronic diseases, I suffer from an emergency health condition, and I suffer from chronic diseases. The One-way ANOVA test was used to identify the differences arising from the health status variable between the sample members, and it was found that people with chronic diseases are the most affected by all mental disorders that have been studied. (PD) F = 9.347, sig 0.000, (GAD) F = 9.781, sig 0.000, (MDD) F = 8.627, sig 0.000, (OCD) F = 8.391, sig 0.000, and (AD) F = 5.398, sig 0.005.

The differences were identified in psychological disorders arising from the variable of the economic status of the sample members, which varied between three categories, Low income, middle income, and High income. According to the F-test, the differences were in favor of the lower income group in panic disorder, where F = 8.051, 0.000 sig, while the differences were in favor of the middle-income group in the rest of the disorders, namely (GAD) F = 2.949, 0.053 sig, (MDD) F = 70754, 0.000 sig, (OCD) F = 5.971, 0.003 sig, plus (AD) F = 9.019, at a significance level of 0.000.

The work field variable was measured for the sample members to verify that it has an effect on making the differences between the sample members, mental disorders. It was found that workers in service jobs are the most affected by general anxiety disorder, general depression, and obsessive-compulsive disorder. The F-value in these three disturbances ranged between 2.256 -2.682, and the significance level ranged between 0.010 - 0.029. While workers in administrative jobs were the most affected by panic disorder, with a value of F= 2.503, sig 0.015, and students were affected more than others were by adjustment disorder, F-value = 3.562, at a significance level of 0.001.

Discussion

First: Discussing the results of the first question:

The results of this question showed that the most prevalent disorder among the sample members was panic disorder (25%), and adjustment disorder was the least (15%).

This result can be ascribed to the sudden emergence of the Corona Virus pandemic, which caused a strong shock for individuals, especially

due to the closures of the majority of sectors, and the cessation of normal life practices, which led to individuals' fear, panic and anxiety about how to confront this pandemic, avoid its potential risks and return to normal life.

This result can also be explained in light of the dreadful daily news related to Corona virus and the increasing the number of infections and deaths presented by various media and social media, which make individuals feel fear and panic about the upcoming future events and the risks related to this virus. Velavan and Meyer (2020) have indicated that the spread of false information, and the alarming figures related to injuries and deaths due to Corona virus made Individuals feel panic, fear and tension, which in turn affected their mental health negatively, and increased their psychological burden.

The researcher believes that the preventive actions and procedures that most countries around the world followed prevented infection with Corona virus, but it caused for individuals some fears and doubts of catching the infection from others, which led to the constant fear and panic of infection with this epidemic. .

This result can also be explained in light of the consequences of the Corona virus, such as the imposition of curfew, the closure of universities, switching from traditional learning to distance learning, working remotely, and reducing the number of employees to half in some institutions. This caused panic in individuals that life would not return to normal, fears of losing a job, or not being able to adapt to the conditions imposed by the pandemic.

The researcher believes that the imposition of curfew is a major factor for the majority of individuals feeling bored, apathy and emptiness, as staying at home for a long time without going out for a walk or work, which is outside the usual routine for the vast majority, may contribute to individuals feeling some disturbances such as panic and lack of the ability to adapt to new situations due to Corona virus pandemic.

Second: Discussing the results of the second question:

The results of the study showed that there were no statistically significant differences between the sample members in all psychological disorders according to the gender variable.

This result can be explained by the preventive actions taken by the countries; As a curfew which has been imposed on all individuals, male or female alike. Therefore, they are all exposed to various diseases and mental disorders such as depression, anxiety, panic, and obsessive, compulsive disorder, due to the difficulties they are experiencing in understanding or absorbing the new situations created by Corona virus pandemic.

The researcher believes that individuals, both males and females, are trying in light of Corona virus pandemic to deal and adapt with their losses, and to find strategies to confront the conditions that accompanied this pandemic, especially there are some female - headed household or there are families in which both parents work outside home. Therefore, both male and female workers are exposed to the same pressures and stress, which may cause psychological disorders. March, et al, (2017) indicated that psychological problems are highly prevalent among both males and females, due to the high rates of difficult and stressful events that affect various areas of life.

Males are more affected by adjustment disorder than females. These differences in adjustment disorder can be ascribed to the nature of the lifestyle of males, which includes leaving the house at various times, meeting others, and visiting friends. So when the curfew has imposed, this restricted his movement and freedom, making it difficult for him to adapt to this situation.

This result can also be explained in light of the responsibility of males compared to females, which requires them to provide for the needs of the family, and work to have a good life. So the imposition of curfew prevented the male from going out to work (this is unusual for him), which made him more vulnerable to adjustment disorder.

The result of the current study differed from the result of the study of Al-Feki and Abu Al-Fotouh (2020), which indicated that there are differences in psychological problems due to the gender variable, in favor of females. It also differed from the result of the study of Tadmouri et al. (2020), which indicated that there are differences in mental health due to gender, in favor of females.

The results also indicated that the age group (15-19) years is the most affected by panic disorder, general anxiety and adjustment.

This result can be ascribed to the nature of this age group, especially that this group included school and university students. In the light of Corona pandemic, the curfew was imposed, schools and universities were closed, and it has shifted from face-to-face learning to distance learning. This sudden situation negatively reflected on individuals of this category, and made them vulnerable to panic disorder, general anxiety and adjustment.

This result can also be explained by that the members of this group used to spend most of their time in school or university or in recreational centers and sports clubs, accompanied by their colleagues and friends. So, the imposed curfew prevented them from meeting and talking together more, which made them suffer from a low level of psychological and social adjustment, fear of the continuation of the situation, and thinking about how to face the difficulties and problems that they may go through. Viswanath & Monga (2020) indicated that Corona pandemic has negatively affected students in making distance learning.

The researcher believes that this result is logical, especially that members of this age group experiences psychological pressure, as a result of the physical, emotional and psychological changes they are going through. In addition, their suffering from family problems.

The result of the current study agreed with the result of the study of Tadmouri et al. (2020), which indicated that there are differences in mental health due to the age group, in favor of the adolescence stage.

The result of the current study differed from the result of Al-Feki and Abu Al-Fotouh, which indicated that there are differences in psychological problems due to the age variable, in favor of those aged (18-22).

The results showed that the Saudi nationals were the most affected among the sample members suffering from panic disorder, major depression and obsessive-compulsive disorder.

This result can be ascribed to the customs and traditions practiced by Saudi; such as the frequent travel to the holy city of Makkah and Madinah

al-Munawwarah for the aim of worship and the establishment of the rituals of God, so the imposed curfew prevented them from doing this tradition works, making them feel psychological distress, fear, tension and more vulnerable to various psychological disorders (panic, major depression, obsessive-compulsive disorder).

The absence of differences by nationality in generalized anxiety disorder and adjustment can be explained in light of the exposure of all countries to the same risks of Corona pandemic, especially all countries have imposed procedures and instructions of the international protocol to limit the spread of Corona virus; such as curfew, suspension of the study, and physical distancing. Therefore, the level of adjustment and general anxiety were similar among the sample members. Banerjee (2020) indicated that one of the most important effects of Corona virus pandemic is what it imposed on most of the world's population, wearing mask, not socializing, physical distancing, continuous monitoring, and greatly restricting their movement, which led to their isolation from the outside environment, and increasing their level of psychological burden.

This result can be ascribed to the vast size of the Kingdom of Saudi Arabia, and the distance between cities, villages and their suburbs. Many residents who work in certain places are unable to visit and meet their families as a result of the imposed lockdown of some cities and villages and the curfew between them. This made them panic and fear, especially since this was something they were not used to before the spread of Corona virus.

This result can also be explained by the large number of residents who work within the field work, which they cannot perform remotely, such as service professions, this made them constantly present at their workplaces,

living away from their families with the inability to visit them, this in turn may cause fear and panic from becoming them or a family member infected of Corona virus, or feeling panic that never see their families again.

The researcher believes that the media and social networking sites had a major role in causing panic in the population of Saudi Arabia, especially the alarming figures of deaths and injuries in Saudi Arabia were publishing by them. Despite the many initiatives and assistance were provided by the kingdom, the news that the media broadcasted about the virus was the reason that many residents were affected by panic disorder and fear of infection with this virus.

It can be inferred that the residents of other countries are most affected by major depression, obsessive-compulsive disorder and adjustment disorder to the conditions in Sudan which has wars and bad economic conditions which increased in the light of Corona pandemic; this made its people vulnerable to many disorders; such as major depressive disorder, adjustment disorder, and obsessive-compulsive disorder. While in Jordan, which has suffered since Corona virus pandemic, per capita income was low, whether in government or private institutions, and the lack of provided services in some places and towns in the light of the population inflation.

There are no differences in generalized anxiety disorder due to the variable of residence. This result can be explained by that regardless of the place of residence of individuals, staying all family members home during the curfew led to the creation and prevalence of many family problems compared to normal conditions, these problems may lead to various mental illnesses and disorders; Adjustment disorder, anxiety and depression.

This result can be explained by the nature of Corona virus and the extent of its spread, which did not differ significantly in the countries (the study sample), as the effects of the spread of this virus are the same and did not differ from one place to another, so there were no differences according to the variable of the place of residence.

The result of the current study differed from the result of the study of Al-Feki and Abu al-Fotouh (2020), which indicated that there were no differences due to the variable of residence.

The results showed that individuals with chronic diseases were the most affected of all mental disorders studied. This result can be attributed to the panic, fear, anxiety and tension that individuals with chronic diseases may feel about their ability to confront this virus, and not to suffer from pathological complications as a result of their chronic diseases.

This result can also be explained in light of the dreadful news provided by the media and social networking sites that the elderly and people with chronic diseases are the most affected groups by Corona virus, as it may cause them death, this is enough for them to feel fear of death, and the future.

The researcher believes that media played a major role in making elderly and those with chronic diseases fear and panic because media kept dredging up about the collapse of health systems in countries, and their inability to absorb the large numbers of infected people. Viswanath & Monga (2020) media have indicated that Corona pandemic has negatively affected health systems in all countries of the world.

The results indicated that there were differences according to the variable of the economic situation, in favor of the low-income category in

panic disorder. This result can be ascribed to the economic repercussions of Corona virus pandemic, especially that most institutions have made a certain discount on the salaries of their employees, which led to a decrease in the income rate of their families. Many of employees belong to families working in the private sectors, which began to reduce salaries, so the worker with a low income when his salary is reduced, this will cause him to panic and fear about how to make a good life for him and his family. Viswanath & Monga (2020) have emphasized that Corona pandemic has negatively affected the economies of countries, their financial returns and individual income.

This result can be explained by the presence of different categories of individuals who work within the daily labor, this prevented them from working for days or weeks so during this period no daily income was earned, this led to the lack of the necessary life requirements for some families, which made individuals feel fear and panic about the continuation of this situation, and the inability to provide for the needs of the family.

The result of the current study agreed with the result of the study of Tadmouri et al. (2020), which indicated that there are differences in mental health due to the economic level, in favor of those with a low economic level.

The differences in the rest of the disorders (major depressive disorder, obsessive-compulsive disorder, generalized anxiety disorder, and adjustment disorder), in favor of the middle-income group can be explained by that the majority of individuals are from the middle-income group. When governments imposed preventive actions to limit the spread of Corona virus, such as reducing the number of the staff and the capacity of the institution, this had a negative impact on the employees who were laid off, especially that the loss of the job may cause a feeling of helplessness and

inability to adapt to this situation, and get various psychological disorders, such as depression, anxiety and obsessive-compulsive.

This result can also be explained in light of the group of individuals working within fields and sectors that have been completely closed; such as tourism and sports, this led to raising the irrational thoughts, due to the constant thinking of how to adapt to the new situation, staying home, not going to work, and how to provide the requirements of life.

The results showed that workers in service jobs are the most affected by generalized anxiety disorder, general depression, and obsessive-compulsive disorder. This result can be ascribed to the nature of the work in service jobs, as the workers are more communicative and involved with customers or individuals who request certain services to be provided to them, this makes them feel fear and anxiety over the infection with the virus.

This result can also be explained by the fact that service jobs require presence in the workplace, moving from one place to another, this always puts them in a state of doubt and suspicion in shaking hands with others, or socializing them, which makes them susceptible to obsessive-compulsive disorder.

It can be explained by the fact that workers in administrative jobs are the most affected by panic disorder to the fact that many institutions and employers have switched the administrative work from face-to-face attendance to remote work, by being at home, but with reduced income, this led to their inability to providing their basic needs as in the past, which made them feeling terrified of not being able to provide for their needs, and losing their job.

The students were affected more than others by adjustment disorder. This can be explained by that the students life, both school or university students, means spending most of the day at school or university, meeting others, sitting enough time with friends and colleagues, as a result of the imposition of the suspension procedure, and switching to distance learning, this made it difficult for students to adapt to spending all day at home without meeting friends.

This result can be explained in light of the presence of all family members at the same time for days or weeks, this led to parents caring more for their children, and monitoring their behavior, this may led to family problems.

The result of the current study differed from the result of the study of Al-Feki and Abu Al-Fotouh (2020), which indicated that one of the most psychological problems that university students suffer from is boredom.

Recommendations

Based on the results of the study, the researcher recommends the following:

1. Establishing specialized counseling centers for Corona virus to limit the spread of psychological disorders and problems that Corona virus may cause.
2. Holding workshops and introductory seminars on how to prevent infection with Corona virus.
3. Advising media against publishing bad news related to Corona virus, and to publish preventive actions and procedures in an encouraging manner.
4. Conducting more studies and research that should focus on counseling and treatment programs for individuals to reduce psychological problems caused by the Corona virus.

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العبء النفسي لوباء كورونا (COVID-19) على المواطنين العرب في المملكة العربية السعودية والسودان والأردن

د. حليمة محمد آدم[1]

ملخص البحث:

هدفت الدراسة الكشف عن مستوى العبء النفسي في ظل جائحة فيروس كورونا. ولتحقيق أهداف الدراسة، تم إعداد مقياس للكشف عن الاضطرابات النفسية. تكونت عينة الدراسة من (532) فرداً. أظهرت النتائج أن أكثر الاضطرابات انتشاراً هو اضطراب الهلع بنسبة (25%)، وأقلها اضطراب التكيف بنسبة (15%)، وعدم وجود فروق في جميع الاضطرابات النفسية تبعاً لمتغير الجنس، باستثناء اضطراب التكيف، لصالح الذكور. كما أشارت النتائج إلى أن الفئة العمرية (15-19) سنة هي الأكثر تأثراً باضطراب الهلع والقلق العام والتكيف، وأن حملة الجنسية السعودية كانوا الأكثر تضرراً باضطراب الهلع والاكتئاب الشديد واضطراب الوسواس القهري، وعدم وجود فروق حسب الجنسية في اضطراب القلق العام والتكيف، وأن سكان السعودية هم الأكثر تأثراً باضطراب الهلع، وعدم وجود فروق في اضطراب القلق العام تعزى لمتغير الإقامة. وأظهرت النتائج أن الأفراد المصابين بأمراض مزمنة هم الأكثر تضررًا من جميع الاضطرابات النفسية، ووجود فروق تبعاً لمتغير الحالة الاقتصادية، لصالح فئة الدخل المنخفض في اضطراب الهلع، ولصالح فئة الدخل المتوسط في باقي الاضطرابات.

الكلمات الدالة: العبء النفسي، الاضطرابات النفسية، فيروس كورونا.

(1) كلية الآداب والفنون - جامعة حائل (حائل – المملكة العربية السعودية)
halowadam2@gmail.com