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A study on corona virus disease related anxiety, obsession and re-assurance seeking behaviours in Kuvempu University staff

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Abstract

The goal of this study was to look into workers at Kuvempu University's fear about the Corona virus, their obsession with COVID-19, and their Coronavirus Reassurance-Seeking Behaviours. In addition, the researchers wanted to see if there was a link between Covid-19-related anxiety, preoccupation, and reassurance-seeking behaviours and the age of Kuvempu University's faculty. For this study, 47 Kuvempu University non-teaching staff members were chosen from the Jnanasahyadri campus in Shankarghatta. To collect information on stress from Kuvempu University workers, convenience sampling was used. The study included male and female Kuvempu University non-teaching personnel. Their ages ranged from 50 to 60. These subjects were working at Jnanasahyadri campus during the year 2020. In order to test the hypothesis of this study Stress was assessed with the help of standard questionnaire by US National Institute of Environmental Health Sciences and the National Library of Medicine (2020). Three questionnaires were separately selected for Corona virus anxiety, obsession with Covid-19, Coronavirus Reassurance-Seeking Behaviours. The questionnaire on Corona virus anxiety consisted five questions; obsession with COVID-19 four questions; and Coronavirus Reassurance-Seeking Behaviours consisted five questions. Descriptive statistics like Mean and Standard Deviation were employed and results on Corona virus. Descriptive statistics like Mean and Standard Deviation were employed and results on Corona virus anxiety, obsession with Covid-19, Coronavirus Reassurance-Seeking Behaviours obtained. Further, percent analysis was carried out for understanding the Corona virus anxiety, obsession with Covid-19, Coronavirus Reassurance-Seeking Behaviours of staff at Kuvempu University. Conclusion On the basis of the results of the study it can be inferred that there are no staff with probable dysfunctional coronavirus-related anxiety at Kuvempu University. 29.78% of the staff are having probable obsession and dysfunctional thinking about COVID-19. Further, there are no staff with above average reassurance-seeking activity at Kuvempu University. Further, there was no relationship between Corona virus anxiety, obsession with Covid-19, Coronavirus Reassurance Seeking Behaviours and Age of staff at Kuvempu University.

Keywords: Anxiety, obsessions, reassurance-seeking behaviours, COVID-19 pandemic

Introduction

Epidemics and pandemics caused by communicable diseases have the potential to overwhelm a community's capability, resulting in catastrophic health and social effects. Four influenza pandemics have killed between 22 and 58 million people in the last century. Infectious diseases, also known as infectious diseases or transmissible diseases, are illnesses caused by the infection, presence, and proliferation of pathogenic (disease-causing) biologic agents in a single human or animal host. Infections can be asymptomatic (meaning they cause no symptoms) or severe and lethal. The terms infection and infectious illness are not interchangeable. Some disease agents can be transmitted from animals to people in a variety of ways, and some of these agents can be transmitted in many ways. COVID-19 began as a viral outbreak in Wuhan, China's central Hubei region, in December 2019. (Holshue, *et al.*, 2020) [2]. The World Health Organization (WHO) and Chinese officials began cooperating, and the etiological agent was quickly identified as a new virus, which was given the moniker Novel Corona Virus (2019-nCoV). Meanwhile, on the 11th of January, China reported its first COVID-19 related fatality, a 61-year-old man. Exposed to the market for seafood (WHO, 2020a). Given the number of nations affected by the outbreak, WHO designated it a Public Health Emergency of International Concern on January 30, 2020. (WHO, 2020b, 2020c) [12]. In the midst of an increase in Chinese deaths, the first death outside of China was record on February 2nd in the Philippines (of a Chinese man from Wuhan). COVID-19 was the name given to the novel coronavirus disease by the World Health Organization on February 11th (WHO, 2020c). COVID-19 was declared a pandemic by the World Health Organization on March 11th, after 114 countries had been afflicted (WHO, 2020c) [12].

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We decided to conduct a systematic review of the existing studies in this field in order to provide a holistic, yet comprehensive statistics on the impact of the Virus on general population mental health, in light of several reported psychological consequences of COVID-19 and its spread, as well as the lack of general statistics on the topic globally. The goal of this study is to look at 3 studies and do a systematic review and analysis of the literature and their findings on the effects of COVID-19 on the prevalence of stress, anxiety, and depression. Because of the epidemic, many of us are staying at home and sitting more than normal. Many of us find it difficult to engage in the type of exercise we usually perform. It's even more difficult for people who don't often engage in a lot of physical activity. However, it is critical for people of all ages and abilities to be as active as possible at this time. The WHO's Be Active campaign wants to assist you in doing so while also having fun. Remember that practising 3-4 minutes of light intensity physical activity, such as walking or stretching, will help relieve your muscles and enhance blood circulation and muscle activation. Regular physical activity has numerous advantages. Both the body and the intellect gain from regular physical activity. It can help control weight, lower blood pressure, and lower the risk of heart disease, stroke, type 2 diabetes, and many malignancies, all of which can make you more susceptible to COVID-19. Physical activity is defined as any bodily movement that requires energy expenditure and is performed by skeletal muscles. Physical activity has two components that must be considered: Aerobic fitness; is defined as moderate to vigorous activity that generates an increase in breathing rate, breathing depth, and heart rate. This is a sometimes overlooked aspect of physical activity, yet it is an important one with numerous advantages. Active recreation, sports involvement, cycling, walking, playing, dancing, gardening, house cleaning, carrying, and heavy shopping are all examples of physical exercise. Physical activity helps to improve common chronic diseases that put you at risk for COVID-19 (i.e. Cardiovascular Disease, Diabetes) Physical activity can help you manage stress by reducing anxiety and depression symptoms. Some study suggests that increased levels of aerobic activity (exercise that considerably elevates our heart rates) may be connected with higher decreases in depressive symptoms when it comes to treating depression symptoms. Consider doing some form of physical activity once or twice a day that includes brief bursts of higher intensity (30-90 seconds). Some people may be able to do this by performing activities at home, such as jumping jacks, mountain climbers, and strength training exercises in a specific order (i.e. standing squats, push-ups, sit-ups). Others may benefit from using home exercise equipment such as treadmills, elliptical machines, and stationary bikes. Could be beneficial. Finding physical activities that you enjoy and sharing your experience with others are two things I recommend. At the same time, there is evidence that exercise can improve mood even if the exercise itself is unpleasant.

Purpose

The purpose of the present study was to investigate the Corona virus anxiety, obsession with Covid-19, Coronavirus Reassurance-Seeking Behaviours of staff in Kuvempu University. Further, the study intended to find the relationship between Covid-19 related anxiety, obsession, reassurance-seeking behaviours and the age of staff in

Kuvempu University.

Methodology

This chapter provides information on Method of study that was followed in the present investigation. It includes Selection of subjects, selection of test items, procedure for data collection and information of statistical analysis. Selection of subjects For the purpose of this study Forty-seven Non-teaching staff of Kuvempu University were selected from Jnanasahyadri campus, Shankarghatta. Convenience sampling was employed to gather information on Stress from staff of Kuvempu University. Male and female Non-teaching staff of Kuvempu University were included in the study. Their age ranged between 50 to 60 years. These subjects were working at Jnanasahyadri campus during the year 2020. Selection of test items In order to test the hypothesis of this study Stress was assessed with the help of standard questionnaire by US National Institute of Environmental Health Sciences and the National Library of Medicine (2020). Three questionnaires were separately selected for Corona virus anxiety, obsession with Covid-19, Coronavirus Reassurance-Seeking Behaviours. The questionnaire on Corona virus anxiety consisted five questions; obsession with COVID-19 four questions; and Coronavirus Reassurance-Seeking Behaviours consisted five questions. 16 Each item of all the three questionnaires was rated on a 5-point scale, from 0 (not at all) to 4 (nearly every day), based on experiences over the past two weeks. The respondents had to carefully read each statement and give their response by selecting an appropriate number best suitable to them. All the three questionnaires were placed in the public domain to encourage its use in clinical assessment and research. Because a significant number of people experience clinically significant fear and anxiety during an infectious disease outbreak, the coronavirus anxiety scale was developed to help clinicians and researchers efficiently identify cases of individuals functionally impaired by coronavirus-related anxiety. Independent studies of adults residing across the United State have demonstrated that the coronavirus anxiety scale is a reliable instrument ($\alpha > .90$), with solid factorial (single-factor; invariant across sociodemographic) and construct (correlated with anxiety, depression, suicidal ideation, and drug/alcohol coping) validity. Each item of the coronavirus anxiety scale is rated on a 5-point scale, from 0 (not at all) to 4 (nearly every day), based on experiences over the past two weeks. This scaling format is consistent with the DSM-5's cross-cutting symptom measure. A coronavirus anxiety scale total 17 score ≥ 9 indicates probable dysfunctional coronavirus-related anxiety. Elevated scores on a particular item or a high total scale score (≥ 9) may indicate problematic symptoms for the individual that might warrant further assessment and/or treatment. The Obsession with COVID-19 Scale was developed on two large samples of adults ($n = 775$; $n = 398$) residing across the United States. The Obsession with COVID-19 Scale is a reliable instrument ($\alpha > .83$), with solid factorial (single-factor) and construct (correlated with coronavirus anxiety, spiritual crisis, alcohol/drug coping, extreme hopelessness, and suicidal ideation) validity. Each item of the Obsession with COVID-19 Scale is rated on a 5-point scale, from 0 (not at all) to 4 (nearly every day), based on experiences over the past two weeks. This scaling format is consistent with the DSM-5's cross-cutting symptom measure. An Obsession with

COVID-19 Scale total score ≥ 7 indicates probable dysfunctional thinking about COVID-19. Elevated scores on a particular item or a high total scale score (≥ 7) may indicate problematic symptoms for the 18 individual that might warrant further assessment and/or treatment. Clinical judgement should guide the interpretation of the Obsession with COVID-19 Scale results. The Coronavirus Reassurance-Seeking Behaviours Scale: The Coronavirus Reassurance-Seeking Behaviours Scale was developed on a large sample of adults (N = 453) residing across the United States. The Coronavirus Reassurance-Seeking Behaviours Scale is a reliable instrument ($\alpha = .90$), with solid factorial (single-factor) and construct (correlated with dysfunctional coronavirus anxiety, generalized anxiety, depression, and health anxiety) validity. Each item of the Coronavirus Reassurance-Seeking Behaviours Scale is rated on a 5-point scale, ranging from 0 (not at all) to 4 (nearly every day), based on experiences over the past 2 weeks. This scaling format is consistent with the DSM-5's cross-cutting symptom measure. Severity scores are obtained by summing

responses to all items, with total scores (M = 6.23; SD = 5.51) ranging from 0 to 20. Although clinical cut-off scores have not yet been determined, CRBS total scores ≥ 12 suggest above average reassurance-seeking activity.

Statistical techniques

Descriptive statistics like Mean and Standard Deviation were employed and results on Corona virus anxiety, obsession with Covid-19, Coronavirus Reassurance-Seeking Behaviours obtained. Further, percent analysis was carried out for understanding the Corona virus anxiety, obsession with Covid-19, Coronavirus Reassurance-Seeking Behaviours of staff at Kuvempu University. For understanding the relationship between Corona virus anxieties, obsession with Covid-19, Coronavirus Reassurance-Seeking Behaviours and the age of subjects Pearson Product Moment Correlation was employed.

Results and Discussion

Table 1: Summary of percent analysis on coronavirus related behaviours in staff of Kuvempu University

Aspect	Category	Frequencies	Percentages
The coronavirus anxiety	probable dysfunctional coronavirus-related anxiety (total score ≥ 9)	00	00
The Obsession with COVID-19	probable obsession and dysfunctional thinking about COVID-19 (Total score ≥ 7)	14	29.78
The Coronavirus Reassurance-Seeking Behaviours Scale	above average reassurance-seeking activity (total score ≥ 12)	00	00

From table 1 it becomes clear that there are no staff with probable dysfunctional coronavirus-related anxiety at Kuvempu University. 29.78% of the staff are having

probable obsession and dysfunctional thinking about COVID-19. Further, there are no staff with above average reassurance-seeking activity at Kuvempu University.

Table 2: Descriptive results of Coronavirus related behaviours and Age of Kuvempu University staff

Aspects	N	Mean	Std. Deviation
Corona virus anxiety	47	2.60	1.79
Obsession with Covid-19	47	4.55	2.66
Coronavirus Reassurance-Seeking Behaviours	47	3.64	2.11
Age	47	54.38	2.75

Table 2 provides descriptive results including Mean and Standard Deviation of staff of Kuvempu University on Corona virus anxiety, obsession with Covid-19, Coronavirus Reassurance-Seeking Behaviours.

From table 2 it is evident that the Mean Corona virus anxiety score of staff at Kuvempu University is 2.60 ± 1.79 ;

Obsession with Covid-19 is 4.55 ± 2.66 ; Coronavirus Reassurance-Seeking Behaviours 3.64 ± 2.11 and Age is 54.05 ± 2.75 . The results in the above table is normally distributed and exhibits acceptable homogeneity of sample. The above results were further subjected to Pearson product moment correlation. The results are provided in table 3.

Table 3: Summary of correlation between Coronavirus related behaviours and Age parameters of Kuvempu University staff

		Age
Corona virus anxiety	Pearson Correlation	.120
	Sig. (2-tailed)	.421
	N	47
Obsession with COVID-19	Pearson Correlation	.089
	Sig. (2-tailed)	.551
	N	47
Coronavirus Reassurance-Seeking Behaviours	Pearson Correlation	-.039
	Sig. (2-tailed)	.794
	N	47

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

From table 3 it is clear that there is no significant correlation between Corona virus anxiety, obsession with Covid-19,

Coronavirus Reassurance-Seeking Behaviours and Age of staff of Kuvempu University Jnanasahyadri campus.

Conclusion

On the basis of the results of the study it can be inferred that there are no staff with probable dysfunctional coronavirus-related anxiety at Kuvempu University. 29.78% of the staff are having probable obsession and dysfunctional thinking about COVID-19. Further, there are no staff with above average reassurance-seeking activity at Kuvempu University. Further, there was no relationship between Corona virus anxiety, obsession with Covid-19, Coronavirus Reassurance-Seeking Behaviours and Age of staff at Kuvempu University.

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