

HEALTH ANXIETY AND PSYCHOLOGICAL WELL-BEING AMONG PHYSICIANS DURING CORONAVIRUS PANDEMIC

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Received : 24 Januari 2022

Accepted : 14 April 2022

Published : 18 April 2022

DOI 10.22373/psikoislamedia.v7i1.12305

Abstract

COVID-19 pandemic gives several personal impacts on physicians. They reports an increase in cases of stress and anxiety, especially anxiety related to health, which then contributes to their mental health and psychological well-being. Therefore, this study aimed to measure the relationship between health anxiety and psychological well-being among physicians during COVID-19 outbreak. The study was conducted in Aceh Province and there were 338 physicians who participated. The accidental sampling was used in order to gain the participants. The health anxiety was carried out through The Short Health Anxiety Inventory (Abramowitz, Deacon, & Valentiner, 2007), while psychological well-being was measured through Ryff's Psychological Well-Being Scales (Ryff, 1989). Cronbach's alphas for the 17 health anxiety items and 42 psychological well-being items were 0.85 and 0.89, respectively. In order to test the hypothesis, Pearson Correlation Test was conducted. From the analysis, it was found that health anxiety and psychological well-being were negative significantly correlated, $r=-0.12$, $p<0.05$. This meant the higher health anxiety, the lower psychological well-being among medical doctors, and vice versa. From this study, it could be concluded that health anxiety experienced by physicians had a significant impact on their psychological well-being, therefore, there must be proper support available for all health practitioners (not only physicians) as they are the front-line professional who directly deal with patients during this COVID-19 outbreak.

Keywords: *Health Anxiety; Psychological Well-Being; Physician; and Covid-19*

Introduction

During the COVID-19 pandemic, medical practitioners especially physicians experienced a high prevalence of anxiety. Their presence at the forefront in dealing with patients exposed to the coronavirus, makes the vigilance of physicians at the critical alarm. It is undeniable that this condition affects their psychological well-being, if it does not get serious attention it will affect their capacity to treat patients (Asmundson & Taylor, 2020). Moreover, the Mitigation Team for the Indonesian Doctors Association noted that there were

640 doctors who died after being exposed to Covid-19 during the pandemic in Indonesia (Sari, 2021).

Physicians who are directly involved in the care of Covid-19 patients are at high risk of experiencing psychological distress and other mental health symptoms such as post-traumatic stress symptoms (Chew, Lee, & Tan, 2020). If physicians are less able to manage their work, it is feared that they will experience physical and mental fatigue which will impact on service quality and decrease patient satisfaction (Cheng & Cheng, 2017). The challenges faced by doctors in the workplace can affect their performance, health, and psychological well-being (Foster, et al., 2019).

According to Ryff (1989), psychological well-being is the ability of individuals to achieve their psychological potential by accepting their strengths and weaknesses, having a purpose in life, having positive relationships with others, not depending on others, being able to control the environment, and continuing to grow personally. Ramos (2007) states that psychological well-being is a condition in which individuals have harmonious relationships with other individuals or in a group.

Based on those explanation mentioned above, therefore this study aimed to measure the health anxiety and psychological well-being of physicians during COVID-19 pandemic. The hypothesis proposed was “there was a very significant relationship between health anxiety and psychological well-being among physicians in Aceh Province”. Perhaps the results can benefit in developing the psychological skills training for physicians in order to maintain their mental health, as they are the front-line professional who directly deal with patients during this COVID-19 outbreak.

Methods

This research utilized a quantitative research design. The number of participants recruited through accidental sampling techniques was 338 physicians in Aceh Province. In order to measure health anxiety and psychological well-being, the Short Health Anxiety Inventory (SHAI) and Ryff's Psychological Well-Being Scales were used. SHAI was developed by Abramowitz, Deacon, and Valentiner (2007) with 17 items and has been tested with a high reliability of 0.850. It consists of 3 dimensions, including illness likelihood, illness severity, and body vigilance. While Ryff's Psychological Well-Being Scales was developed by Ryff (1989), it has 42 items and also showed a good reliability result with Cronbach Alpha of 0.890. This scale consists of 6 dimensions, namely: autonomy,

environmental mastery, personal growth, positive relations, purpose in life, and self-acceptance. The data was collected through Google Form, then it was tabulated and analyzed with Pearson Correlation. SPSS version 20.0 for Windows was operated to simplify all the statistical calculation processes within this study.

Results

Table 1 below will show the demographic data of participants in this study.

Table 1. Descriptive Results

NO	CATEGORY	n (%)
1	Gender	
	<i>Male</i>	112 (33.1)
	<i>Female</i>	226 (66.9)
2	Health Anxiety	
	<i>Low</i>	50 (14.8)
	<i>Moderate</i>	234 (69.2)
	<i>High</i>	54 (16.0)
	Health Anxiety Dimensions	
	<i>Illness Likelihood</i>	
	<i>Low</i>	51 (15.1)
	<i>Moderate</i>	223 (66.)
	<i>High</i>	64 (18.9)
	<i>Illness Severity</i>	
	<i>Low</i>	61 (18.0)
	<i>Moderate</i>	201 (59.5)
	<i>High</i>	76 (22.5)
	<i>Body Vigilance</i>	
	<i>Low</i>	72 (21.3)
	<i>Moderate</i>	189 (55.9)
	<i>High</i>	77 (22.8)
3	Psychological Well-Being	
	<i>Low</i>	59 (17.5)
	<i>Moderate</i>	219 (64.8)
	<i>High</i>	60 (17.8)
	Psychological Well-Being Dimensions	
	<i>Autonomy</i>	
	<i>Low</i>	36 (10.7)
	<i>Moderate</i>	243 (71.9)
	<i>High</i>	59 (17.5)
	<i>Environmental Mastery</i>	
	<i>Low</i>	37 (10.9)
	<i>Moderate</i>	240 (71.0)
	<i>High</i>	61 (18.0)
	<i>Personal Growth</i>	
	<i>Low</i>	64 (18.9)
	<i>Moderate</i>	224 (66.3)
	<i>High</i>	50 (14.8)
	<i>Positive Relations</i>	
	<i>Low</i>	45 (13.3)
	<i>Moderate</i>	239 (70.7)
	<i>High</i>	54 (16.0)
	<i>Purpose in Life</i>	
	<i>Low</i>	63 (18.6)
	<i>Moderate</i>	230 (68.0)
	<i>High</i>	45 (13.3)
	<i>Low</i>	43 (12.7)

NO	CATEGORY	n (%)
	<i>Self-Acceptance</i>	
	<i>Moderate</i>	255 (75.4)
	<i>High</i>	40 (11.8)

From the table 1 above, it can be seen most of the participants were female (226; 66.9%) than male (112; 33.1%). Moreover, the distribution of category was mostly moderate, both for health anxiety (234; 69.2%) and psychological well-being (219; 64.8%).

Table 2. *Cross Tabulation Results*

		HEALTH ANXIETY CATEGORY			TOTAL
		Low	Moderate	High	
PSYCHOLOGICAL WELL-BEING CATEGORY	Low	7	42	10	59
	Moderate	27	161	31	219
	High	16	31	13	60
TOTAL		50	234	54	338

From cross tabulation results, it was also found that the majority of the physicians were classified as having moderate category of health anxiety and psychological well-being with the number of 161 participants. Then followed by physicians with moderate health anxiety and low psychological well-being category (42 participants).

Table 3. *Hypothesis Testing Results*

VARIABLE	PEARSON CORRELATION	P
Health Anxiety and Psychological Well-Being	-0.12*	0.000

Note: (*) = significant at 0.01 level

Table 3 above showed that the correlation coefficient was -0.12 which was a negative correlation. This presented that there was a negative relationship between health anxiety and psychological well-being. This negative correlation also revealed that the higher the health anxiety experienced, the lower the psychological well-being perceived by physicians, and vice versa. Moreover, the results from of the analysis displayed a significance value of 0.000 ($p < 0.05$). This indicated that the hypothesis was accepted –there was a very significant relationship between health anxiety and psychological well-being among physicians in Aceh Province.

Table 4. *T-Test Results*

VARIABLES	MEAN		SD		Z-SCORE	P-VALUE
	MALE	FEMALE	MALE	FEMALE		
Health Anxiety	54.57	55.06	10.67	9.33	-0.43	0.66
a. Illness Likelihood	33.08	33.98	6.68	6.07	-1.24	0.21
b. Illness Severity	11.53	11.15	3.20	2.92	1.09	0.27
c. Body Vigilance	9.96	9.93	2.32	2.05	0.12	0.90
Psychological Well-Being	170.81	170.83	22.21	21.35	-0.00	0.99
a. Autonomy	27.57	26.24	3.90	4.43	2.69	0.00*
b. Environmental Mastery	27.10 29.21	27.16 29.46	3.78 5.26	3.29 4.66	-0.16 -0.42	0.87 0.66
c. Personal Growth						
d. Positive Relations	29.78	30.30	5.20	5.17	-0.86	0.38
e. Purpose in Life	28.89	29.58	4.77	4.84	-1.23	0.21
f. Self-Acceptance	28.26	28.09	4.78	4.95	0.30	0.76

Note: (*) = significant at 0.01 level

T-Test results showed that there were no differences in health anxiety among female physicians (M=55.06; SD=9.34) and male physicians (M=54.57; SD=10.68) with Z-score=-0.43, (p=0.66). Besides, there were also no differences of psychological well-being between male and female physicians, except in autonomy dimension, where male (M=27.57; SD=3.90) was higher than female (M=26.24; SD=4.43), Z-score= 2.69; p=0.00. The results of data analysis had been described in table 4 above.

Discussion

As aforementioned that physicians who are directly involved in the care of Covid-19 patients are at high risk of experiencing anxiety, psychological distress, and other mental health symptoms such as post-traumatic stress (Chew, Lee, & Tan, 2020). If physicians are less able to manage their work, it is feared that they will experience physical and mental fatigue which will impact on service quality and decrease patient satisfaction (Cheng & Cheng, 2017). The challenges faced by doctors in the workplace can affect their performance, health, and psychological well-being (Foster, et al., 2019).

Health anxiety is defined as a person's tendency to feel alert to all stimuli related to illness (Taylor, 2019). In addition, individuals with health anxiety consider themselves unable to cope with or prevent the perceived threat (in this case the presence of a serious medical illness) (Özdin & Bayrak-Özdin, 2020). Based on the analysis, most of the physicians had a medium prevalence on health anxiety.

In general, people with health anxiety tend to overestimate their chances of having a serious health problem and underestimate their ability to cope with the problem. They also tend to ignore other factors suggesting that things are not going to be as bad as they thought (for example, ignoring doctors' assurances that serious illness is unlikely and focusing on the most negative potential outcome rather than the possibility of a cure). Thus, all health-related experiences are viewed as 'disaster' or 'worst case' scenarios. Symptoms of health anxiety can persist if a person has the following 2 assumptions, namely: a catastrophic interpretation of body sensations and a catastrophic interpretation of health-related information (Abramowitz, Deacon, & Valentiner, 2007).

Furthermore, this present study also found that more than half physicians who participated had medium level of psychological well-being. This indicated that they sometimes felt less satisfy with their lives, have less positive emotional state, are unable to go through bad experiences, have less positive relationships with others, are unable to determine their own destiny without depending on others, have an unclear purpose in life, and are unable to develop themselves. This condition might be happen because they experience high stress and tremendous pressure. According to Blekas, Voitsidis, and Athanasiadou (2020), Covid-19 makes doctors face enormous stressors in their daily clinical practice, such as increased workload, adaptation to various roles, reduced time spent with family, and emotional problems such as stress, guilt, and fears about personal safety.

Autonomy was the only psychological well-being dimension which had the significant different between male and female. This could be understood that male has a chance to be more autonomy than female physicians. This was in line with previous study conducted by Heijstra and Jónsdóttir (2011) that male physicians enjoy significantly more autonomy than their female colleagues, where autonomy turns out to have a significant positive effect on the well-being of both male and female hospital physicians.

Conclusion

From all the analyses conducted, there were several conclusions from this study, included: (1) There was a very significant negative relationship between health anxiety and psychological well-being among physicians in Aceh Province; (2) The majority of the physicians were classified as having moderate category of health anxiety and psychological well-being; and (3) There were no differences in health anxiety and psychological well-being

between male and female physicians, except in autonomy dimension, where male was higher than female.

Recommendation

The health anxiety experienced by physicians needs to be managed comprehensively. This survey provides recommendations for medical institutions to strengthen psychological skills training for physicians in maintaining their mental health, because they are frontline professionals who directly handle patients during this COVID-19 outbreak. Various psychological approaches can be taken to deal with it. According to the Cognitive Behavioral Model, healing of excessive health anxiety symptoms can be achieved by targeting changes in dysfunctional beliefs and maladaptive behaviors (Axelsson & Hedman-Lagerlöf, 2019).

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