

ANXIETY LEVELS AND QUALITY OF LIFE OF WORKING INDIVIDUALS BEFORE AND DURING LOCKDOWN- A SURVEY

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ABSTRACT

The anxiety among workers develops as their living has changed and economically are affected. Their future is not certain. The fear starts building as the lockdown period increases. To overcome such fears the government must take actions to provide proper employment and wages after the lockdown ends. A survey was done to know how the workers are affected and to know the difference of mentality of a working person before and during lockdown. A questionnaire was prepared and circulated to 100 workers and the responses were collected and analyzed through SPSS. 85.3% of population are affected by the lockdown with high levels of anxiety. Therefore more than 50% of the participants are more anxious during lockdown than before lockdown. Many are affected but are confident that they can overcome the crisis after the lockdown comes to an end. To overcome such anxieties in future, the government has to take measures to avoid unemployment.

Keywords: affected; government; lockdown; overcome; working

INTRODUCTION

As everyone around the globe continues to self-isolate in an effort to prevent the transmission and contamination of COVID-19, a lot of anxieties are understandably manifesting among us. This lockdown may cause different problems among different people. People who work for their living each day are affected. Most of them feel stressed during lockdown than before. Quarantining yourself at home can play an important role in preventing the spread of infectious diseases. But this does not mean that coping with the disruption in our normal routine is easy. Lockdown affects mental health too. (Elizabeth Scott, 2017) (Elizabeth Scott, 2017) 100 and more million Indian jobs will be in risk during and after COVID-19 lockdown stage. The stress among workers develops, as they think about their future. As one works to run their life, but this is effected and they are not able to meet their daily needs.

In previous researches, they conclude that the leader of the employees should encourage and make them feel psychologically safe. (Safety and Prevention Services, n.d.) (Safety and Prevention Services, n.d.) "Many workers are stuck and do not have money, they need work to survive" (Doing What Matters in Times of Stress, n.d.) (Doing What Matters in Times of Stress,

n.d.). Lola Nayar concluded that most likely there will be unemployment in various sectors. From end of March companies have resorted to one of these three decisions- sacking people, asking employees to go on

indefinite leave without pay, and slashing salaries by as much as 85% (Doing What Matters in Times of Stress, n.d.) (Doing What Matters in Times of Stress, n.d.). Due to this the global economy is also affected, which creates anxiety and stress among many people. (Goodman and Maines, 2020) (Goodman and Maines, 2020) Work from home is one of the ways to earn but many low scale industries cannot adopt it, and be against this practice. This leads to a better life before lockdown for market workers etc. (J D Supra, n.d.) (J D Supra,

n.d.) India COVID-19 lockdown means no food or work for rural poor, economically devastating for India's poor, who live in its vast rural areas. India's poorest from some of the country's most underdeveloped regions now face penury and deprivation. (South China Morning Post, 2020) (South China Morning Post, 2020)

Compared to other studies, this study does not cover a large population. Working from home is not possible for few types of industries. As most of the population are not able to run their living but this must be followed as it prevents us from being close with people that may cause the spread of COVID-19 virus. (Kovac, 2020) (Kovac, 2020) People of different professions are affected but even dental profession is being affected and patients with tooth injury are not able to bear the pain which can lead to major problems in future during lockdown (Hema Shree et al., 2019) (Prasanna and Gheena, 2016) (Abitha and Santhanam, 2019; Ahad and Gheena, 2016) (Gunasekaran and Abilasha, 2016) (Harrita and Santhanam, 2019) (Sukumaran and

Padavala, 2018) (Manohar and Abilasha, 2019; Sukumaran and Padavala, 2018) (Sarbeen et al.,

2016) (Hema Shree et al., 2019) (Prasanna and Gheena, 2016) (Abitha and Santhanam, 2019; Ahad and Gheena, 2016) (Gunasekaran and Abhilasha, 2016) (Harrita and Santhanam, 2019) (Sukumaran and Padavala, 2018) (Manohar and Abhilasha, 2019; Sukumaran and Padavala, 2018) (Sarbeen et al., 2016). This study is done to be aware and know how people who work are affected and to create a good impact on them about lockdown. Awareness is one of the best ways to reduce the scale of fear in any field. (Hannah et al., 2018) (Ahad and Gheena, 2016) (Hannah et al., 2018) (Ahad and Gheena, 2016) (Ahad and Gheena, 2016; Sheriff et al., 2018) (D'Cruz et al., 2006) (Palati et al., 2019) (Uma et al., 2018) (Ahad and Gheena, 2016; Sheriff et al., 2018) (D'Cruz et al., 2006) (Palati et al., 2019) (Uma et al., 2018)

MATERIALS AND METHODS

Study Design, Area And Study Population

A survey was conducted among individuals who work for their living in a wide range to know how they are affected during lockdown. The sample size of this survey is a total of 100 people. Participants who were more than 26 years of age and below 54 years of age were included in the study. Participation in the study was voluntary and no incentives were provided to the participants. The study was conducted at the period of April 2020.

Survey Instrument

The study instrument which was a questionnaire was prepared after extensive review of the existing literature. The questionnaire was reviewed and amendments were made to improve clarity of pertinent questions and eliminate ambiguous responses. The survey instrument was a structured questionnaire with both open and close ended questions. It consists of brief introduction regarding the purpose of the study, questions pertaining to demographic data and questions regarding the research objective-

knowledge, awareness 20 questions were circulated to the participants via Google forms. (Palati et al., 2020)(Krishnan et al., 2018)(Palati et al., 2020)(Krishnan et al., 2018)

Data Analysis

Only completely filled online forms were included in the study. The filled responses were verified by two reviewers and the collected data was entered on the same day. The entered data was analysed using SPSS version 22. Descriptive analysis was performed to calculate frequencies of categorical variables.

RESULTS AND DISCUSSION

A total of 100 working individuals participated in the survey. Of these participants 51% of them were females and 46% were males, 3% did not prefer to say. The age group was between (26-55) years. 39.2% were workers, 21.6% were IT workers and many had various occupations.

78.4% were not economically affected and 21.6% of the population were affected economically. On a scale of 1-5, 60.8% were affected or anxious for only 2 before lockdown. (Table 1) whereas the majority that is 34.3% were anxious to 4 and 29.4% were anxious up to 5 during lockdown. (Table 1) 32.4% of the population spent time with their population to distract themselves from getting more anxious. 32.4% of them slept to distract themselves. 40.2% of the population were having trouble staying at home not working. 74.5% of them had control over their pace of work. (table 2) 85.3% of them were affected due to the lockdown whereas on 14.7% were not affected. (Table 2)

51% of the population mostly got headaches when they were anxious during lockdown. 43.1% of the population were never unable to control the important things of life. 28.4% of them occasionally got irritated during lockdown, 24.5% never got irritated, 22.5% got irritated sometimes. 52.9% did not feel nervous about their future that is post lockdown, whereas 47.1% felt nervous. (Table 2)

84.3% of the population are satisfied by the support given by their family whereas 15.7% were not satisfied. 69.6% feel more anxious during lockdown than before lockdown. 52.3% of the population feel mentally disturbed and 47.7% do not feel mentally disturbed. (table 2) 59.8% of them are confident that they will overcome the challenges to be faced after lockdown. (table 2) 41% of the population are confused, 18.6% are sleepless etc. 47.1% of them are not depressed during lockdown, 17.6% are depressed. (Table 2) Association between gender of population and population living affected during lockdown. Chi square test was done and the association was found not to be statistically significant. Pearson square value – 2.406, df-2, p value was 0.3 (>0.05) and was not statistically significant. (Figure 1) Association between gender of population and population anxious level before lockdown. Chi square test was done and the association was found not to be statistically significant. Pearson square value – 12.325, df-6, p value was 0.055 (>0.05) and was not statistically significant. (Figure 2) Association between gender of population and population anxiety levels during lockdown. Chi square test was done and the association was found not to be statistically significant. Pearson square value – 11.709, df-8, p value was 0.165 (>0.05) and was not statistically significant. (Figure 3) Association between gender of population and population facing different symptoms of anxiety during lockdown. Chi square test was done and the association was found not to be statistically significant. Pearson square value – 7.568, df-12, p value was 0.818 (>0.05) and was not statistically significant. (Figure 4) Association between gender of population and participants who answered if they can overcome the challenges in the future after lockdown. Chi square test was done and the association was found

to be statistically significant. Pearson square value – 10.256,df-4,p value was 0.036(<0.05) and was statistically significant.(Figure 5)

Compared to previous studies, only 5% of the population were affected by anxiety(Psychiatry Online, n.d.)(Psychiatry Online, n.d.)during a different pandemic lockdown.But in this study 40% suffer from anxiety. The result is different from the previous study as the population involved is limited in this study and mostly the period of lockdown is longer during COVID-19.Ya Me Bai' s research also concluded that 20% think outbreak economically affected them whereas in this study 25% feel economically affected which is similar to the previous study.

This survey concluded that the majority of the population were mentally disturbed but in this study only 20% of the workers are mentally disturbed which is a contrast to the previous study's result.Only more than 4 out of 5 workers in the global workforce of 3.3 billion are affected. In this survey 85.8% of them are affected.Which concludes that majority of them are affected which is similar to bill chappell's results

CONCLUSION

Within the limitations of the study, three fourth of the respondents were not economically affected.However there was an increase in their anxiety levels in 40% of the participants after lockdown. Though participants were currently not in a state of despair, the uncertainty of employment and the duration of lockdown had a significant impact on their mental well being.

AUTHOR CONTRIBUTIONS

Pravalika:Literature search, data collection, analysis, manuscript writing

Gifrina Jayaraj:Data verification, manuscript writing.

CONFLICT OF INTEREST

None declared

REFERENCES

[1] Abitha T and Santhanam A (2019) Correlation between bizygomatic and maxillary central incisor width for gender identification. Brazilia n Dental Science. DOI: 10.14295/bds.2019.v22i4.1775.

[2] Ahad M and Gheena S (2016) Awareness, attitude and knowledge about evidence based dentistry among the dental practitioner in Chennai city. R esearch Journal of Pharmacy and Technology. DOI: 1 0.5958/0974-360x.2016.00380.2.

[3] D'Cruz L,) SM (mb and) DH (llb (2006) Lega l Aspects of General Dental Practice. Elsevier Health Sciences. Available [at:](#)

https://books.google.com/books/about/Legal_Aspects_of_General_Dental_Practice.html?hl=&id=20X1InRTeVQC.

[4] Doing What Matters in Times of Stress (n.d.). Available at: https://www.googleadservices.com/pagead/aclk?sa=L&ai=DChcSEwjK9fDGw-jpAhUMfy_sKHxqbA8YYABAAGgJzZg&ohost=www.google.com.sg&cid=CAESQeD2t1oYKBMO8

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jpAhWT4jgGHXDSAzsQ0Qx6BAgMEAE&adurl= (accessed 4 June 2020b) .

[5] Elizabeth Scott MS (2017) How to Handle the Stress of Working From Home. Verywell Mind. [Available at: https://www.verywellmind.com/the-stress-of-working-from-home-4141174](https://www.verywellmind.com/the-stress-of-working-from-home-4141174) (accessed 4 June 2020).

[6] Goodman PS and Maines AH (2020) ‘Not Just an Italian Problem’: Coronavirus Threatens Europe’s Economy. Available at: <https://www.nytimes.com/2020/02/25/business/italy-coronavirus.html> (accessed 5 June 2020).

[7] Gunasekaran G and Abilasha R (2016) TOOTH SENSITIVITY AMONG RESIDENTIAL UNIVERSITY STUDENTS IN CHENNAI. A sian Journal of Pharmaceutical and Clinical Research. DOI: 10.22159/ajpcr.2016.v9s2.13228.

[8] Hannah R, Ramani P, Herald. J. Sherlin, et al. (2018) Awareness about the use, Ethics and Scope of Dental Photography among Undergraduate Dental Students Dentist Behind the lens. Research Journal of Pharmacy and Technology. DOI: 10.5958/0974-360x.2018.00189.0.

[9] Harrita S and Santhanam A (2019) Determination of Physical Height Using Clinical Crown Height of Deciduous Teeth. I ndian Journal of Forensic Medicine & Toxicology. DOI: 10.5958/0973-9130.2019.00255.x.

[10] Hema Shree K, Ramani P, Sherlin H, et al. (2019) Saliva as a Diagnostic Tool in Oral Squamous Cell Carcinoma - a Systematic Review with Meta Analysis. P athology oncology research: POR 25(2): 447–453. DOI: 10.1007/s12253-019-00588- 2.

[11] JD Supra (n.d.) INDIA: COVID-19 (Coronavirus) – Employer FAQs | JD Supra. Available at: <https://www.jdsupra.com/legalnews/india-covid-19-coronavirus-employer-faqs-15413/> (accessed 5 June 2020).

[12] Kovac R (2020) ESET Threat Report | WeLiveSecurity. Available at: <https://www.welivesecurity.com/2020/04/29/eset-threat-report-q12020/> (accessed 5 June 2020).

Krishnan RP, Ramani P, Sherlin HJ, et al. (2018) Surgical Specimen Handover from Operation Theater to Laboratory: A Survey. A nnals of maxillofacial surgery 8(2): 234–238. DOI: 10.4103/ams.ams_51_18.

[13] Manohar J and Abilasha R (2019) A Study on the Knowledge of Causes and Prevalance of Pigmentation of Gingiva among Dental Students. I ndian Journal of Public Health Research & Development. DOI: 10.5958/0976-5506.2019.01859.x.

[14] Palati S, Ramani P, Herald. J. Sherlin, et al. (2019) Age Estimation of an Individual Using Olze’s Method in Indian Population-A Cross-Sectional Study. I ndian Journal of Forensic Medicine & Toxicology. DOI: 10.5958/0973-9130.2019.00179.8.

[15] Palati S, Ramani P, Shrelin H, et al. (2020) Knowledge, Attitude and practice survey on the perspective of oral lesions and dental health in geriatric patients residing in old age homes. Indian Journal of Dental Research. DOI: 10.4103/ijdr.ijdr_195_18.

[16] Prasanna GE and Gheena S (2016) A study of empathy across students from 4 health disciplines among 1st years and Final years. R esearch Journal of Pharmacy and Technology. DOI: 10.5958/0974-360x.2016.00286.9.

[17] Psychiatry Online (n.d.). Available at:
<https://www.google.com.sg/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwifyZqbgurpAhVzzDgGHUvsDdkQFjABegQIARAB&url=https%3A%2F%2Fps.psychiatryonline.org%2Fdoi%2Ffull%2F10.1176%2Fappi.ps.55.9.1055&usg=AOvVaw2E3wQ6qq6wIDeq-68i1esY> (accessed 5 June 2020) .

[18] Safety W and Prevention Services (n.d.) Help employees maintain positive mental health during the COVID-19 outbreak. Available at:

<https://www.wsps.ca/Information-Resources/Articles/help-your-workers-maintain-positivemental-health.aspx> (accessed 4 June 2020) .

[19] Sarbeen JI, Insira Sarbeen J and Gheena S (2016) Microbial variation in climatic change and its effect on human health. Researc h Journal of Pharmacy and Technology. DOI: 10.5958/0974-360x.2016.00359.0.

[20] Sheriff KAH, Ahmed Hilal Sheriff K and Santhanam A (2018) Knowledge and Awareness towards Oral Biopsy among Students of Saveetha Dental College. R esearch Journal of Pharmacy and Technology. DOI: 10.5958/0974-360x.2018.00101. 4.

[21] South China Morning Post (2020) 94,000 return from virus hotspots to haunt India’s land of migrant workers. Available at:

<https://www.scmp.com/week-asia/health-environment/article/3076993/coronavirus-90000-n-ris-return-haunt-punjab-land-indias> (accessed 5 June 2020).

[22] Sukumaran G and Padavala S (2018) Molar incisor hypomineralization and its prevalence. Contemporary Clinical Dentistry. DOI: 10.4103 /ccd.ccd_161_18.

[23] Uma PK, Ramani P, Sherlin H, et al. (2018) Diet and exercise among students of a wellreputed dental college in Chennai: A questionnaire-based survey. I nternational Journal of Orofacial Biology. DOI: 10.4103/ijofb.ijofb_1_19.

Table 1: Comparison of anxiety levels reported by respondents before and after lockdown

Anxiety Levels	Before lockdown(%) (N=100)	During lockdown(%) (N=100)
1- Not Anxious At All	10	5
2- Mild Anxiety	62	10
3 - Occasionally Anxious	19	21
4- Often Anxious	9	34

5- Always Anxious	-	30
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Table 2 : Various responses of the participants regarding their livelihood and mental status.

Questions	Yes (%) (N=100)	No (%) (N=100)
1. Is their living affected	85	15
2. Control over pace of work	74	26
3. Feeling nervous about future during lockdown	46	54
4. Feeling mentally disturbed during lockdown	47	52
5. Are you depressed	53	47
6. Will You be able to overcome challenges to be faced after lockdown.	60	40

FIGURES

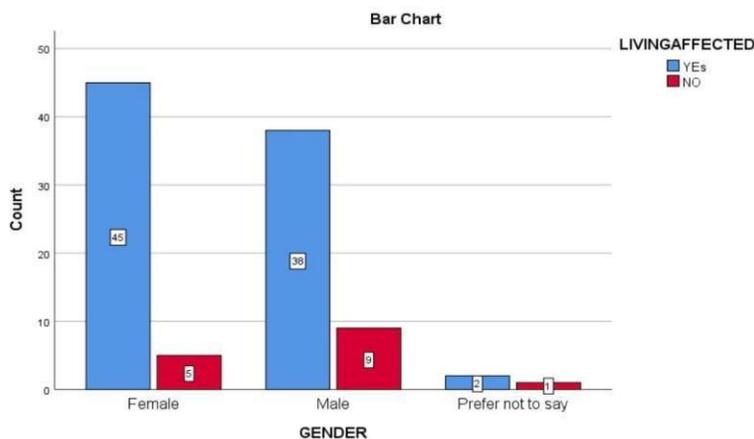


Figure 1: Bar graph representing association between gender of respondents and the frequency of respondents whose living was affected during lockdown. X-axis represents the gender and Y axis represents the number of participants responded. Blue represents those who said “yes” and red represents those who said

“No”. Out of 83% of the population who said yes, 45% were females and 38% were males. There were more females whose living was affected compared to males. However, this was not statistically significant.

Pearson Chi square =0.3(>0.05)

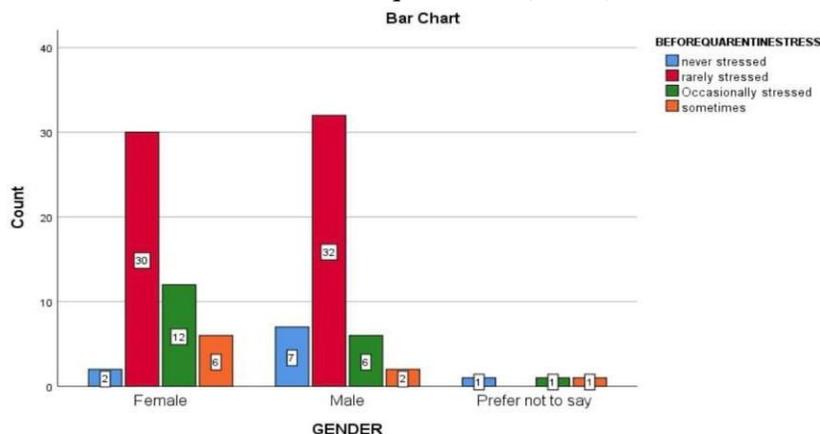


Figure 2: Bar graph representing association between gender of population and population anxiety before lockdown. X-axis represents the gender and Y axis represents the number of participants responded. In a scale of 1-5, blue represents never anxious (level 1), red represents rarely anxious (level 2), green represents occasionally anxious (level 3), orange represents level 4 that is sometimes anxious. Females were relatively more anxious than males before lockdown. This was not statistically significant. Pearson Chi square, $p = 0.055 (>0.05)$

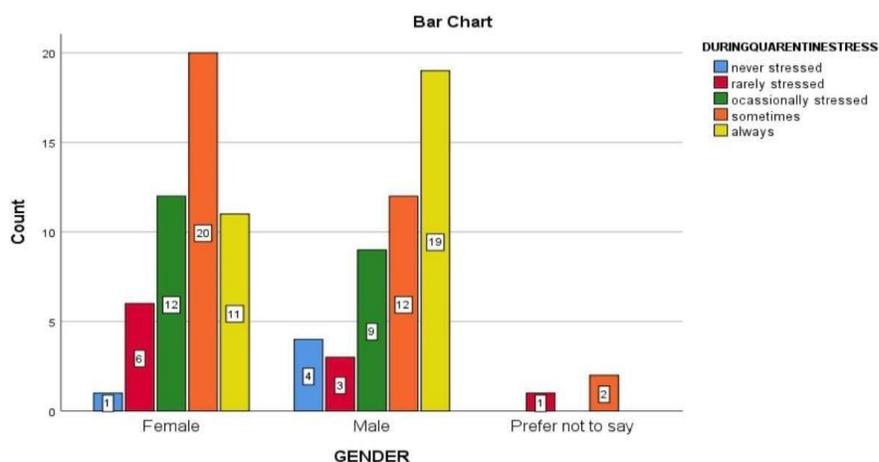


Figure 3: Bar graph representing association between gender of population and population anxiety levels during lockdown. X-axis represents the gender and Y axis represents the number of participants responded. In a scale of 1-5, blue represents never anxious (level 1), red represents rarely anxious (level 2), green represents occasionally anxious (level 3), orange represents level 4 that is sometimes anxious and yellow represents always anxious that is level 5. Out of 100% of the population, majority of the females that is 20% were anxious sometimes and majority of males that is 19% were anxious always during lockdown. Therefore males were found to be more anxious during lockdown than females. However, this was not statistically significant. Pearson Chi square test, $p \text{ value} = 0.165 (>0.05)$

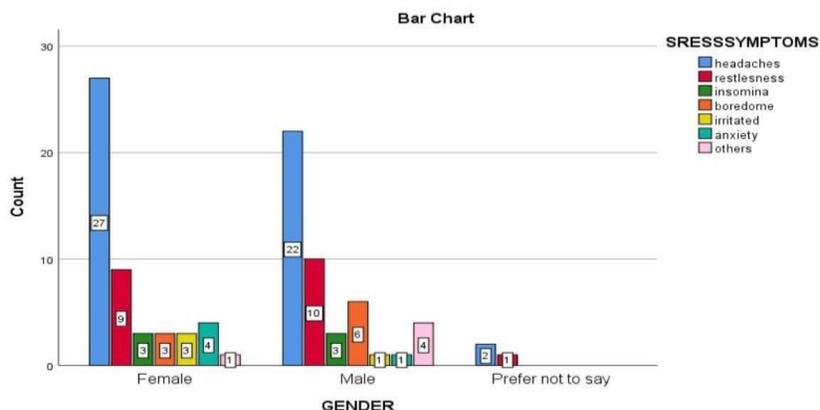


Figure 4: Bar graph representing association between gender of population and population facing different symptoms of anxiety during lockdown. X-axis represents the gender and Y axis represents the number of participants responded. Blue represents headaches, red represents restlessness, green represents insomnia, orange represents boredom, yellow represents irritation, light green represents anxiety and pink represents others. Out of 49% of the population who said headaches, 27% were females and 22% were males. Therefore females faced more headaches as a symptom of stress and anxiety during lockdown than males. Chi square test was done and the association was not statistically significant. Pearson square value – 7.568, df-12, p value was 0.818 (>0.05) and was not statistically significant.

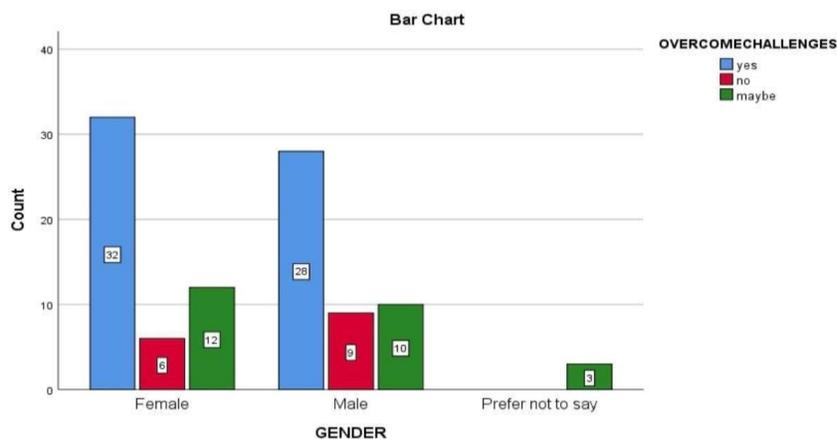


Figure 5: Bar graph representing association between gender of population and participants who answered if they can overcome the challenges in the future after lockdown. X-axis represents the gender and Y axis represents the number of participants responded. Blue represents those who said yes, red represents those who said no and green represents maybe. Out of 60% of the population who said yes, majority 32% were females and 28% were males. Therefore females are more confident in overcoming the challenges in future than males. Chi square test was done and the association was found to be statistically significant. Pearson square value – 10.256, df-4, p value was 0.036 (<0.05) and was statistically significant.