

## **Anxiety Meets Fear in Perception in Waiting Room: Observational Study of the Perceptions in Users of the General Practitioner Waiting Room in the Covid-19 Pandemic Period**

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### **Abstract**

This study aimed to statistically assess the variations in anxiety and fear in the waiting room of the general practitioner at different ages and how they affect the health needs of users. An “ad-hoc” questionnaire was administered in order to assess the patient’s perceptions of the Covid-19 emergency and the assessment of anxiety and fear in the waiting room through 4 sections: characteristics of the reference sample, knowledge of the level of information of Covid19, physiological, emotional, relational and spiritual changes assessments. To relieve the feelings of anxiety and fear in the waiting room of the general practitioner, in addition to clear and concise information and to reassure the patient, one can make use of reading, music therapy, therefore, relaxation techniques that even for a moment they cause the patient to focus on other aspects and other emotions. This study must be considered as a starting point, as the vastness of the topic, the different ethical-deontological perspectives, the period in which we are living with the increase in infections, suggest the opportunity for further study and to extend the sample interviewed both in quantitative terms and in different assistance intensity.

**Keywords:** *Anxiety; Covid-19; Fear; Population*

### **Introduction**

The literature reports how anxiety and fear are common and ubiquitous emotional experiences and could simply represent an individual’s temporary physiological response to specific situations such as anxiety and fear in the period of the Covid-19 pandemic.

In many cases, however, anxiety takes on the characteristics of a psychopathological condition, because it appears disproportionate to the stimulus situation, a source of considerable subjective suffering, persistent over time and of symptomatic severity such as to significantly compromise the functional performance of those involved. it is affection.

Older people generally have different reasons for concern than young adults; they may relate to the onset of diseases that induce disability, the perception of one's own deterioration, poor financial security, social isolation. Around these elements of reality, anxiety and fear can grow and develop until they take on psychopathological connotations.

Often, moreover, anxiety and pathological fear can begin without apparent causes, compromising the functionality of an elderly person who was previously in good general condition.

Studies show that the Covid-19 pandemic is having a strong international impact with significant psychological consequences, often neglected, linked both directly to the disease itself and its spread and to how to try to control it. Although it is still ongoing around the world, studies have already been carried out on the psychological consequences related to it, posing a great challenge to resilience.

The objective of this work is to present a theoretical overview of the psychosocial aspects characteristic of the Covid-19 pandemic, and of the possible psychological outcomes; this work also aims to propose good practices for dealing with this emergency and to promote clinical reflection on the implementation of effective psychological interventions commensurate with the needs of the entire population.

The state of national emergency due to the Covid-19 pandemic is having a powerful impact on the psychological health of all the individuals involved; if it is true, in fact, that the spread of epidemics can lead to experiences of high stress, fear and anxiety, this is even more true in light of the forced quarantine to which the entire country has been subjected and it is likely to believe that the health outcomes could be, in some circumstances, such as to overwhelm the individual. Everyone reacts differently to stressful situations and these reactions can be influenced by life experiences and personality characteristics, as well as by the social context to which they belong. Furthermore, the reaction to stress of the same person can vary over time and according to circumstances. It is true that categories of people most exposed to the risk of Covid-19 and related complications in psychosocial terms can be identified: there are the elderly, people with chronic diseases, people with mental disorders and substance use disorder, adolescents and children, health professionals and, in general, all those who are caring for coronavirus patients.

The ambitious general objective that this study sets out is to statistically evaluate the variations in anxiety and fear in the waiting room of the general practitioner at different ages and how they affect the health needs of users.

## **Aims and Objectives**

Furthermore, this project aims to pursue the following specific objectives:

- Determine the level of information and learning to face changes in a pandemic;
- Statistically detect awareness of physiological, emotional, relational and spiritual changes;
- Researching new care strategies to reduce anxiety and fear in the waiting rooms of general practitioners;
- Evaluate non-drug therapies that exploit the effect of laughter as a therapeutic consequence.

## **Materials and Methods**

After planning the research project, we made it concrete by defining the operating procedures to be adopted, that is the transversal research design in which the perceptions of patients who come to a general medicine practice in the city of Barletta, Italy were evaluated.

The survey was conducted in the post-lock down period from 11 May to 3 August 2020.

An “ad hoc” questionnaire was drawn up in accordance with law no. 675 of 31 December 1996.

This questionnaire aimed to assess the patient’s perceptions of the Covid-19 emergency and the assessment of anxiety and fear in the waiting room through 4 sections:

1. Characteristics of the reference sample: sex, age, school level and the reason for which the patient requested the intervention of the family doctor;
2. Knowledge of the level of information of Covid19: 9 closed questions on knowledge and strategies for dealing with the Covid19 pandemic;
3. Evaluation of physiological, emotional, relational and spiritual changes. Table divided into 11 questions regarding physiological changes, 13 questions regarding emotional changes, 8 questions regarding relational changes, 5 regarding spiritual changes;
4. Assessment of anxiety and fear in the waiting room through the STAI S-Anxiety Scale: scale consisting of 20 items, which are assigned a score of 1 2 3 4 respectively to respond with: almost never (1), sometimes (2), often (3) very often (4), these answers must be replies immediately, at the end of the compilation of the items the scores will be added: from 0 to 20: very low level of anxiety; 21 to 40: low anxiety level; 41 to 60: moderate level of anxiety, it may be helpful to reduce it; 61 to 80: high anxiety level, clinical attention.

The data obtained from the questionnaire were synthesized and statically represented through Excel.

## Results

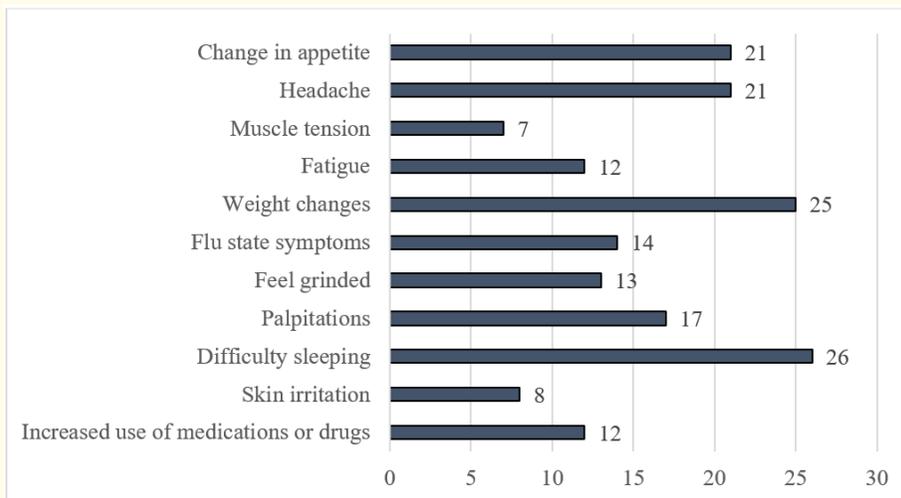
75 users were recruited, in the period between 11 May and 3 August 2020.

They were distributed as follows:

1. The gender of the reference sample:
  - Women 57%;
  - Men 43%.
2. The age of the users:
  - 18 - 20 years: 14%;
  - 21 - 40 years: 29%;
  - 41 - 60 years: 27%;
  - 61 - 80 years: 19%;
  - < 81 years: 11%.

3. The educational level of the users:
  - Elementary school certificate: 23%;
  - Middle school diploma: 12%;
  - High school diploma: 31%;
  - University degree: 13%
  - Degree: 20%.
4. The reason for which he requested the intervention of the family doctor:
  - First medical examination: 3%;
  - Therapeutic prescription: 40%;
  - Medication or medical treatments: 21%;
  - Medical consultation of clinical diagnostic tests: 20%;
  - Other: 16%.
5. “Do you know what coronavirus is?": 99% of respondents know what coronavirus is, only 1% so only one interview replied that they did not know what it was.
6. “Did you have a family member from northern Italy?": 73% answered no and 27% of the interviewees answered yes.
7. “Do you know what are the symptoms of a person with Coronavirus?": Also in this case the answer is clear with 95% of the answers affirmative.
8. “Do you know who are the patients with suspected or probable Coronavirus infection?": Also in this case the answer is completely positive, with 92% of the answers affirmative.
9. “Do you know what the ministerial recommendations are?": Also in this case, as well as the previous ones, the answer is positive in 97% of cases.
10. “During this period, did you need a teleconsultation from the general practitioner?": 57% of the interviewees stated that they needed a teleconsultation.
11. “In this period, have you had anxiety and fear in relation to the information disclosed by the mass media?": 80% of the answers were positive and 20% negative.
12. “Are you afraid that the Coronavirus could recur in a pandemic way?": 89% of the interviewees answered affirmatively and only 11% replied in the negative.

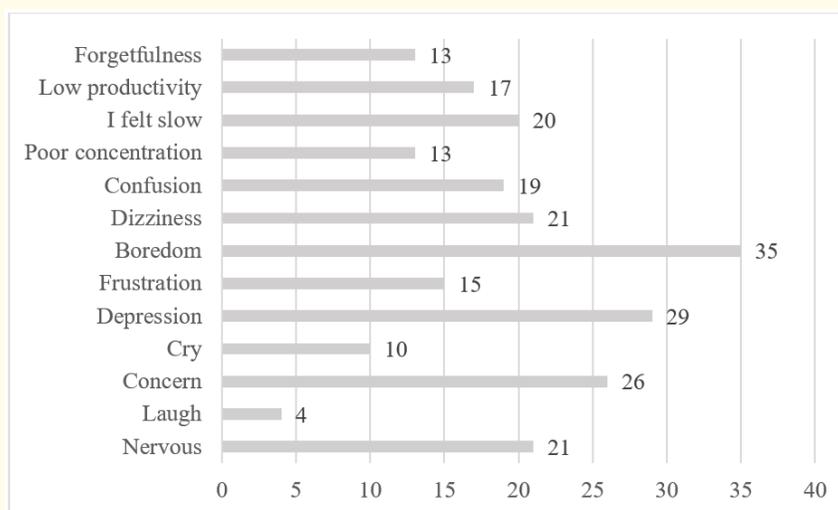
After analyzing the knowledge, we advanced to analyze the changes that we could obtain: Physiological, emotional, relational and spiritual in the post lockdown period.



**Figure 1:** Physiological changes.

Through this series of physiological changes and by analyzing the results of the questionnaires completed and acquired as a percentage, we will notice how the respondents in the post lock down period underwent this series of changes:

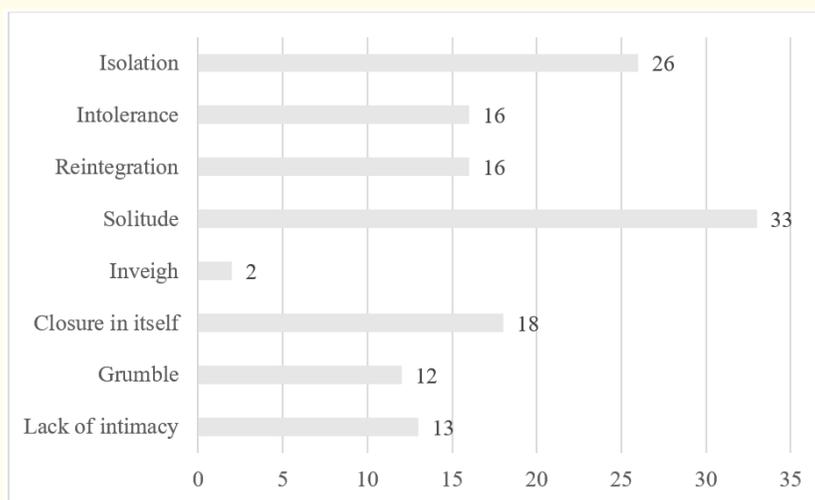
- Difficulty sleeping in 15% and weight changes in 14%;
- Changes in appetite and headache are present in 12% of respondents;
- Palpitation present in 10%;
- Flu symptoms in 8% and fatigue, gritted teeth, increased use of drugs and drugs in 7%;
- Muscle tension and skin irritation in 4%.



**Figure 2:** Emotional changes.

Through this series of emotional changes and by analyzing the results of the questionnaires completed and acquired as a percentage, we will notice how the respondents in the postlock down period have undergone this series of changes:

- In 14% of the interviewees there is boredom, in 12% depression and in 11% worry;
- In 9% of the interviewees there is nervousness, dizziness, confusion and feeling sluggish;
- In 7% of the interviewees there is low productivity and frustration in 6%;
- In 5% of the interviewees there is forgetfulness and poor concentration and in 4% crying;
- In 2% of respondents +, therefore only two respondents marked rice.



**Figure 3:** Relational changes.

Through this series of relational changes and by analyzing the results of the questionnaires completed and acquired as a percentage, we will notice how the respondents in the post lock down period underwent this series of changes:

- In 24% of the interviewees there is loneliness;
- In 19% of the interviewees isolation;
- In 13% of the interviewees, self-closure;
- In 12% of the interviewees intolerance and resentment;
- In 10% lack of intimacy;
- 1% rant.

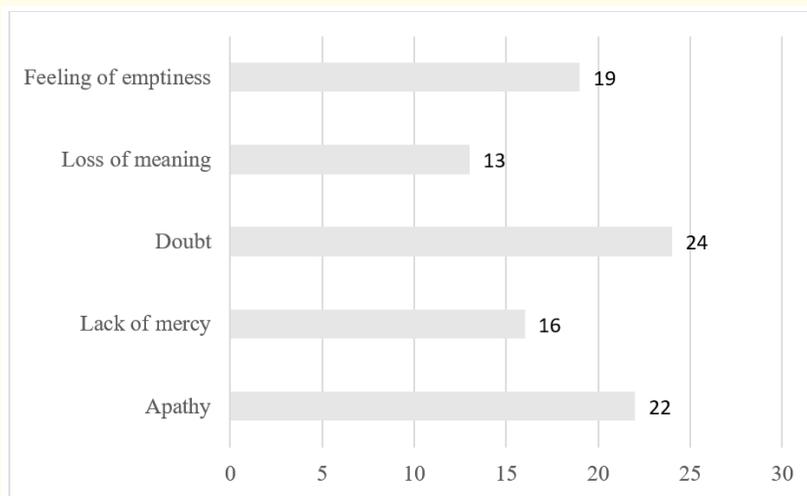


Figure 4: Spiritual changes.

Through this series of spiritual changes and by analyzing the results of the questionnaires completed and acquired as a percentage, we will notice how the respondents in the post lock down period have undergone this series of changes:

- In 26% of the interviewees there is doubt;
- In 23% of the interviewees there is apathy and in 20% a sense of emptiness;
- In 17% lack of mercy and in 14% loss of meaning.

At this point, the focus of the research project was the assessment of anxiety and fear in the waiting room through the STAI S-Anxiety Scale: a scale consisting of 20 items, to which a score of 1 2 3 4 is attributed, in based on this score it was identified that:

- 16% of respondents during the post lock down period had a very low anxiety level 16%;
- 51% of respondents during the post lock down period had a low level of anxiety;
- 32% of the respondents during the post lock down period had a moderate level of anxiety;
- 1% of respondents during the post lock down period had a high level of anxiety.

## Discussion

Considering the random and systemic errors related to the sampling characteristics and the data collection tool, other study limitations were highlighted for this study:

- The limited number of the sample;
- Fear of going to a general practitioner;
- The possible different interpretation of some questions by the interviewees.

In any case, it is possible to highlight that in the reference sample he knows coronavirus, symptoms and ministerial recommendations, but above all it is clear that 80% of respondents have experienced feelings such as anxiety and fear in relation to information disclosed by the mass media, and 89% of respondents are afraid that the coronavirus may recur in a pandemic way. This defines physiological, emotional, relational and spiritual changes in the sample that manifest themselves as: nervousness, worry, depression, boredom, loneliness, isolation and finally apathy. In fact, through the STAI S-Anxiety Scale, it is evident how the restrictions on individual freedom, social distancing, the fear of contracting Covid-19 has caused a moderate level of anxiety in the population in 51% of the interviewees, but given by not underestimated is 32% of the interviewees who experienced a moderate level of anxiety in the post lock down period accentuated by depression and insomnia. After analyzing the data and information obtained with this study, it is possible to draw the conclusion that it is necessary to identify professional figures or update professionals who can respond to the needs and requests and therefore to patient information, as the spread of Coronavirus it has become a global event, in which communication plays an absolutely central role, capable of dramatically amplifying the consequences, far beyond the damage caused by the virus to human mental health.

A recent review, in fact, suggests that the psychological impact of quarantines is large, substantial and can last for a long time. This pandemic has emphasized a fragility of mental health in most people, leading to an increase in fear, anxiety and worry, all emotions that have always been present and have an adaptive role in the human condition of all times. These negative emotions can evoke behaviors such as excessive media consumption, limiting physical movements, altering eating habits, sleep-wake rhythm and self-care. Increased exposure to social media in lockdown, isolation and quarantine increases the tendency to mull over information. Referring to the research by Wang, *et al.* [1], it is reported that half of the 1210 Chinese respondents rated the psychological impact of the epidemic as moderate or severe. Specifically, 16.5% of the subjects interviewed reported moderate to severe symptoms of depression and one third of the participants' symptoms of anxiety; three-quarters reported significant concerns about family members contracting Covid-19. Negative psychological reactions were also reported by health professionals: specifically 15.9% reported symptoms of psychological distress, 16% anxiety symptoms and 34.6% depressive symptoms (Liu, *et al.* 2020). It is essential to research how to overcome all this, even here the literature leads back to "psychological flexibility", that is, the set of those skills capable of "recognizing and adapting to various situational needs"; changing mentalities or behavioral repertoires when these strategies compromise personal or social functioning; maintaining the balance between important areas of life; and be aware, open and engaged in behaviors that are congruent with deeply rooted values". Psychological flexibility skills can mitigate the rigid and behavioral consequences that reinforce the anxiety and fear induced by the Coronavirus. Accept your thoughts as thoughts (and not as absolute truth), have flexible attention to the here and now, choose how to invest your time and energy in this "suspended" time despite worries or anxiety. This competence certainly differs from person to person, but often generates new behaviors such as helping others, taking care of the family, working competently, taking care of one's health, dedicating oneself to what has always been postponed due to work commitments. While the anxiety aroused by the pandemic will continue to draw attention to it, psychological flexibility skills can help guide people towards what they themselves give meaning, "they can help to realize that in these uncertain times".

There is an opportunity to creatively seek out new, perhaps simpler, ways of living a vital life despite the pandemic". This is the time to learn to adapt to circumstances, even if unfavorable, with greater resilience; accept that the psychological suffering reactive to this pandemic is normal and common to all, without however having the need to identify with it. Learning to manage uncertainty and to tolerate not being able to have control over what is uncontrollable becomes a primary skill. Only in this way could we learn to be psychologically flexible.

The spread of the Covid-19 pandemic has led to a disruption of daily lifestyles and relational dynamics, with repercussions on the psychosocial well-being of the entire community. Health emergencies such as the spread of epidemics, can cause significant experiences of stress and anxiety; this is even more understandable in the light of the specific peculiarities of the pandemic in progress and the restrictive measures deliberated to deal with it [2-15].

## **Conclusion**

The psychological experience linked to the coronavirus is influenced by intrapsychic aspects of the individual and by socio-cultural variables, such as the family unit and the social context of belonging. However, it is essential to understand the specific psychological challenges that each individual has to face in relation to the social role assumed and the degree of involvement in this battle for the defense of life.

To relieve the feelings of anxiety and fear in the waiting room of the general practitioner, in addition to clear and concise information and to reassure the patient, one can make use of reading, music therapy, therefore, relaxation techniques that even for a moment they cause the patient to focus on other aspects and other emotions. This study must be considered as a starting point, as the vastness of the topic, the different ethical-deontological perspectives, the period in which we are living with the increase in infections, suggest the opportunity for further study and to extend the sample interviewed both in quantitative terms and in different assistance intensity.

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