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LEVEL OF ANXIETY IN WORKING MALE AND FEMALE IN AN ODL INSTITUTION: A STUDY DURING COVID-19 TIME

¹Dr S K Pulist and ²Dr S K Prasad

¹Deputy Director, SRD and ²Director, NCDS

^{1&2}Indira Gandhi National Open University

New Delhi, India

Abstract

The Anxiety is a natural response as part of defense mechanism of a human being in an uncertain condition. The current paper focuses on the study of level of anxiety among the working male and female in an ODL institution, and compares them as to whether there was any significant difference in the perceived level of anxiety during the COVID-19 time starting from 25th March 2020 when the Lockdown was introduced in India at national level to the 1st Unlock declared on 8th June, 2020. The independent variable for the study were Gender, Area, Education, Age and Marital Status. The level of Anxiety was the dependent variable identified for the study. A sample of 100 working persons (50 male and 50 female) between the age group of 30 to 50 years was drawn through convenient sampling technique from Indira Gandhi National Open University, New Delhi.

The ex-post facto descriptive research design was chosen for the study. The Comprehensive Anxiety Test (CA Test) developed by R. L. Bhardwaj, H. Sharma, and M. Bhargava in 2006 was used to measure the level of Anxiety of the participants. As per the manual of the Test, the raw scores of the participants were converted into the percentile scores. The norms framed by the developers of the Test were used for interpretation of the percentile scores of the participants. The Mean score of the level of Anxiety experienced by the male and female participants was found to be 22.52 and 18.4 respectively. The statistical analysis of the data revealed that there was no statistically significant difference between the male and female in terms of level of Anxiety. However, there seemed to be some qualitative difference in the level of anxiety as the male participants had shown greater level of anxiety in comparison to their female counterparts.

Keywords: Level of Anxiety, Working Males and Females, ODL Institution, Wellbeing.

Introduction

Anxiety is a biological response that prepares an individual to protect from an impending danger. With the perception of anxiety, the defense mechanism starts gearing up and the body prepares itself for ‘fight or flight’ response depending upon the situation (Coltrera, 2018). Experiencing anxiety is normal in case of uncertain conditions. It is a normal phenomenon, and all human beings face this situation at one point of time or the other. The anxiety can be triggered by different conditions in different contexts. The fear of uncertain outcomes emanating from an uncertain and unknown situation ultimately leads to arousal of anxiety as a normal response of the body (Holland, 2018). However, the level of anxiety experienced by the individual may vary depending upon different biological, environmental factors and individual approach to deal with the condition. To Spielberg (1966), anxiety seems “to be the dominant fact and is threatening to become the dominant cliché of modern life”.

The general symptoms of the state of anxiety in a normal person are: increased heartbeat, feelings of fear, etc. Anxiety is a future oriented state. It is more a product of the mental overthinking than a real cause or source of threat or danger. It influences our state of mind in anticipation of something yet to take place. The healthy anxiety acts as a booster for the individual and helps in performing well with capacity while meeting the deadline. However, the persistent and excessive level of anxiety may lead to anxiety disorder which is a mental condition requiring medical attention. The anxiety disorders may have different manifestations including general anxiety, social phobia, social anxiety, panic disorder, etc. The test and examinations are the common conditions arousing anxiety among the students at different levels of education (Thomas, Cassady & Finch, 2018).

One condition that forced the individuals of different ages was the unprecedented situation created by the pandemic. The COVID-19 has impacted the mental health of the individuals all over the globe. In order to curb the spread of this fatal virus and prevent people from its infection, lockdown was imposed by the countries around the world. This unprecedented lockdown came as a challenge for the students, elderly persons, working professionals as well as the persons working in the unorganized sectors among others. Different factors including the personal, family, economic, environmental and social ones impacted the mental health of the people in a variety of ways. With the passing time, the period of lockdown, home confinement and isolation impacted the mental health of the people adversely.

Roy et al. (2020) found “anxiety, depressive symptoms, insomnia, denial, anger and fear” as the major manifestations at the mental health level during the pandemic. Fear of infection with Corona virus and loosing life, and loss or fear of loss of employment



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could add to the level of perceived mental stress and anxiety (Bhattacharjee & Acharya, 2020). Tolrales, O’Higgins, Castaldelli-Maia, and Ventriglio (2020) reported that the pandemic situation has been responsible for different mental disorders such as stress, anger, fear, denial, insomnia including anxiety among others all over the globe.

People suffering with anxiety conditions find themselves incapable of handling sophisticated cognitive processing and, thus recalling old information becomes difficult for them since it requires a great deal of focus and attention (Leary & Kowalski, 1995). Spielberger (1972) defines anxiety as “an unpleasant emotional state or condition which is characterised by subjective feelings of tension, apprehension, and worry, and by activation or arousal of the autonomic nervous system”.

The current research focuses on the study of level of anxiety among the working males and females in an ODL institution, and compares them as to whether there was any significant difference in the perceived level of anxiety during the COVID-19 time starting from 25thMarch 2020 when the Lockdown was introduced in India at national level to the 1st Unlock declared on 8th June, 2020.

Review of Literature

The anxiety is one of the prime health issues contributing to a most common category of mental health disorders among children and adult masses (Kessler et al., 2012). The intensity of anxiety may vary depending upon situation to situation and may fluctuate at times. The level of anxiety can influence the way the individuals perceive themselves and the environment, and context in which they are placed. The response to normal anxiety consists of perceived threat and perceived need in a situation (Barbara, 2013). McLean, Asnaani, Litz and Hofmann (2011) found that the females had higher rates of generalised anxiety disorders. They were three times more prone to generalised anxiety disorder as compared to men. Welzel et al. (2019) reported a high level of existence of anxiety in people with 82 years of age and above. Patel, Patel, Khadilkar, Chiplonkar, and Patel (2016) found that as many as 35% employed women participants reported high levels of anxiety. The unemployed women reported 1.2 times higher level of anxiety than the ones who were employed.

Asmundson et al. (2020) in their study reported that the participants who had other issues such as “fears about danger and contamination, socioeconomic consequences, xenophobia, and traumatic stress symptoms” had more perceived stress and anxiety during Corona. Hacimusalar, Kahve, Yasar, and Aydin (2020), while assessing the factors leading to increase in the levels of anxiety and hopelessness of workers in Turkey, revealed that the healthcare workers were experiencing a higher level of anxiety in comparison to non-healthcare workers. The anxiety level in case of nurses was higher than both i.e. the doctors and the non-healthcare workers. The study by Grover et al. (2020) on the impact of COVID-19 lockdown on the mental health of employed people reported that as many as 38.2% of the participants were suffering from anxiety though majority was unaffected by the situation.

A moderate level of anxiety was report by Rehman et al. (2020) who conducted a study on 403 participants drawn from different categories such as students, researchers, health professionals, corporate employees, homemakers, businessmen, retired persons and unemployed persons during Covid 19 time. They found that the persons who were staying in family were not as anxious as the frontline health workers and persons staying alone altogether. However, there was no significant difference in suffering based on gender, and males and females were equally affected by the lockdown situation during pandemic. The study by Singh, Soni, Kamboj, and Munjal (2020) reported that the participants of the age groups of 40-50 years and 60 years and above believed that the level of anxiety and behaviour changes can be attributed to the pandemic. However, the participants from the age of 18 to 39 years and 51 to 59 years did not feel that the behavioural changed and level of anxiety should be attributed to the pandemic.

Giorgi et al. (2020) tried to investigate the effects of Pandemic on mental health of employed people at their workplaces. They found that employment conditions had played a major role in impacting the psychological wellbeing of the workers. It was found that the internal migrant workers faced a higher level of anxiety during this time. Wilson et al. (2020) reported that as many as 17.7% participants employed as healthcare workers in India exhibited anxiety symptoms. The study by Bostan, Akbolat, Kaya, Ozata, and Gunes (2020) focussed on assessing the levels of anxiety of 736 nurses, doctors, administrative staff and other healthcare staff during COVID-19. The researchers reported a low and negative correlation between the level of anxiety and working conditions. Therefore, the study recommended that in order to lower the level of anxiety of the health care workers, the working environment should be improved. Sheroun et al. (2020) found different reasons of perceived anxiety and stress during the pandemic time as “uncertainty, poor prognosis, economic loss, insecurity, confusion, emotional isolation, stigma, school/work closure, inadequate resources for medical response, and deficient distribution of necessities”.



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Rationale of the Study

The COVID-19 situation has been one such crucial phenomenon of the century that has posed a threat and danger to every individual at the global level triggering a feeling of anxiety at different levels. Considering the unprecedented and unique conditions created by Covid 19, probability of individuals getting infected was very high since number of infections was increasing at an exponential rate. The lockdown had restricted the movement of the persons substantially and they were forced to stay home leaving apart their jobs, businesses, private workplaces, etc. The governmental and majority of private organisations permitted their employees to work from home. This was unprecedented that people at that mass level were made to work from home. Eventually, there could be more than one person working from home in a family. Consequently, the two domains i.e., workplace and home front which were once two poles apart, were somehow amalgamated together.

The situation was confusing for quite a few working people who claimed to be more professional than the others. It was difficult at times for them to accommodate household nuances in their online meetings. Similarly, the compulsion of some of the family members being available for office work 24x7 disturbed the homely environment for those elderly people who were used to of staying at home in a lighter ambiance. The situation on the whole was very uncertain and, thus, might have led to anxiety among people at different age levels. It was, therefore, thought appropriate to study the level of anxiety among the government employees who had no fear of losing their job but were working from home along with other members of the family such as children, teenagers, adults, old age persons and at times unwell members. Though, their financial position was not impacted since they were receiving their salary at the end of every month. The current study is an attempt in the direction of assessing the level of Anxiety among the working male and female during the lockdown period.

Methodology

Research Design

According to Creswell (2008) “research designs are plans and the procedures for research that span the decisions from broad assumptions to detailed methods of data collection and analysis.” The research design helps the researcher in planning the research, collection and analysis of the data, and arriving at important findings in order to make sense and understanding out of the study (Abutabenjeh & Jaradat, 2018). The current study follows ex-post facto descriptive research design. It is a cross-sectional study that makes use of mixed method strategies for facilitating application of qualitative and quantitative approaches to the study. This research design is suitable for study of the facts or events that have occurred in the past. There is no possibility of the manipulation or inference on the part of the research. This research design can also be used in cases where relationship between cause and effect is to be established. In the present study, the Covid-19 conditions commenced way back in December 2019. Its effect on the individuals was seen much during the time when Lockdown was started. This home confinement might have caused anxiety to the people at varying degrees. Hence, it has been thought appropriate to apply ex-post facto research design with survey research method for this study. The variables such as Level of anxiety, Gender, and Age are in focus of the study.

Anxiety is one of the common health issues marking its presence all over the globe. Lot of work has been done to investigate anxiety yet with little clarity for understanding of this construct. Studies have focused on assessing levels of anxiety of different people, employed, unemployed, males, females, students, and special occupational groups among others (Whitaker, 2013). The current study aims at focusing attention on assessment and comparison of level of Anxiety based on gender among working people. In order to achieve the objectives, the following methodology has been adopted for the current study:

Objectives of the Study

Keeping in view the overall aim, the following specific objectives were drawn for study:

1. To assess the level of anxiety among the working male and female during COVID-19 time.
2. To compare the level of anxiety between working male and female during COVID-19 time based on the data collected.

Hypothesis

The following Null Hypothesis guided the present research

H₀: There is likely to be no significant difference between the level of anxiety experienced by the working male and female during Covid-19 time.

Operational Definitions

The use of operational definitions in a research work provides clarity to the three main conceptual operations i.e., clarification, operationalization, and specification. In view of this, the following operational definitions were adopted for the study:



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- **Corona Virus Disease (COVID-19):** A vital disease caused by a Virus of Severe Acute Respiratory Syndrome (SARS) category.
- **Covid-19 Time:** For the purpose of this study, the Covid-19 time has been taken between the introduction of first lockdown by the Government of India on 25th March, 2020 and 8th June, 2020 when first unlock was introduced.
- **Lockdown:** A complete restriction on movement of individuals and staying at home all the 24 hours a day (except emergency and essential activities) thus, leading to complete disruption of routine life.
- **Anxiety:** A feeling of nervousness and uneasiness perceived by the individual during Covid-19 time.
- **Working Males and Females:** The males and females in the age group of 30 to 50 years in full time employment in Indira Gandhi National Open University, New Delhi.

Variables

The Independent Variables selected for the study were: Gender (Male, Female), Area (Rural, Urban), Educational Qualification (10+2, Graduation, Post-Graduation, Doctorate), Age (30-35 years, 36-40 years, 41-45 years, 46-50 years), and Marital Status (Married, Unmarried). The Score on Level of Anxiety of the participants was taken as the dependent variable.

Sample

A sample of 50 males and 50 females of the age of 30 to 50 years was selected through convenient sampling technique from Indira Gandhi National Open University, New Dehli.

Tests and Tools

The Comprehensive Anxiety Test (CA Test) developed by R. L. Bhardwaj, H. Sharma, and M. Bhargava in 2006 was been used for the current study (Bharadwaj, Sharma, & Bhargava, 2006). This Test is meant for the participants of the age of 18 to 50 years. The authors of Comprehensive Anxiety Test have reported the reliability of the Test to be 0.94 which is considered to be very high for conducting scientific research related with anxiety. The Test has a manual providing all the relevant details regarding its administration and scoring. The Test can be administered in a group or to the individual participants. The first page of the Questionnaire shares the details of the survey with the participants and seeks their informed consent to fill in the questionnaire. The personal details such as age, gender, educational qualification, marital status, etc. are collected through this page. No set timeframe for the participants to attempt the Test has been prescribed by the authors of the CA Test (Raut & Nundada, 2016). However, once started, the participants are requested to finish the Test as soon as possible. The Test was administered personally to the participants. The participants were briefed that the questionnaire focuses on the level of anxiety of the participants during the lockdown period, from 25th March, 2020 and 8th June, 2020 only.

Scoring and Norms

The Test contains 90 items in all with dichotomous answers as ‘Yes’ and ‘No’. A ‘Yes’ is given a score of ‘1’ point and a ‘No’ is given a score of ‘0’ point. The points of all the responses are totalled. The sum figure is the total anxiety raw score of that individual (Bharadwaj, Sharma, & Bhargava, 2006). The raw score is converted into percentile. The authors of the Test have provided the norms for interpretation of percentile scores as per Table-1:

Table-1: Norms for interpretation of percentile scores

| Sr No. | Categories | Percentiles |
|--------|------------------------|-------------|
| 1 | Very High or Saturated | 80+ |
| 2 | High | 70 |
| 3 | Average (Normal) | 40-60 |
| 4 | Low | 16-30 |
| 5 | Very Low | Upto 15 |

(Source: Bharadwaj, Sharma, & Bhargava, 2006).

The scores up to 60 are considered normal. Above this score, the level of anxiety is concerned to be high whereas the score of 80 and above is considered very high. The people with score above 80 are considered to be “tensed, apprehensive, highly worried, dejected, and withdrawn”. On the other hand, the people up to score of 60 points (normal anxiety level) are considered to be “vigil and, cautious and responsive to a disturbing situation” (Bharadwaj, Sharma, & Bhargava, 2006).



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Data Analysis

The data gathered for the study with the help of the Comprehensive Anxiety Test was consolidated for analysis purposes. The MS-Excel software application was used for data entry. The analysis of data was done with the help of SPSS software. The data was customised to fit into the format of the software. This software is popular among the social scientists for analysis of quantitative data. Percentages and frequency distribution of the data were taken for descriptive purposes. A t-test was used to compare the level of anxiety between the working male and female participants.

Results and Discussion

The data collected from the participants was analysed. The quantitative analysis of the data was done on the basis of demographic variables, and testing of the hypothesis using ‘t’ test.

Demographic Analysis

The Comprehensive Anxiety Test was conducted on a sample of 100 participants (50 Males and 50 Females). The demographic analysis of the data is presented in Table 2.

Table 2: Demographic presentation of data of the participants

| | Male (n=50) | Female (n=50) | Total (N=100) | %age |
|----------------------------------|----------------|------------------|------------------|------|
| Age | | | | |
| 30-35 years | 15 | 11 | 26 | 26% |
| 36-40 years | 10 | 12 | 22 | 22% |
| 41-45 years | 11 | 15 | 26 | 26% |
| 46-50 years | 14 | 12 | 26 | 26% |
| Educational Qualification | | | | |
| 10+2 | 13 | 6 | 19 | 19% |
| Graduation | 22 | 29 | 51 | 51% |
| Post-Graduation | 15 | 14 | 29 | 29% |
| Doctorate | | 1 | 1 | 1% |
| Marital Status | | | | |
| Married | 41 | 43 | 84 | 84% |
| Unmarried | 9 | 7 | 16 | 16% |
| Area | | | | |
| Urban | 35 | 45 | 80 | 80% |
| Rural | 15 | 5 | 20 | 20% |

Score Calculation and Interpretation

The CA Test was used to assess the level of anxiety of the participants. The Test had 90 items of dichotomous nature in all. All the items in the Test were dichotomous i.e., the answer was to be given in ‘Yes’ or ‘No’. The participants were asked to mark the answer that most suited to their condition. Each of the answer in ‘Yes’ had a score of ‘1’ point where each ‘No’ response had a score of ‘0’ points. The total of the points under each of the items was calculated. This was the total raw score of a participant. These raw scores were converted into percentile scores for interpretation purposes as per the Manual of the Test. The percentile scores were interpreted as per the norms provided by Bharadwaj, Sharma, and Bhargava (2006) as given in Table-1.

The five Categories as presented in Table-1 have been applied to the Percentile Scores of the participants. The Percentile Score in the range of 40-60 is considered as ‘Normal’. The persons falling in the first Category i.e. ‘Very High’ level of Anxiety are considered to be ‘tensed, apprehensive, highly worried, dejected, and withdrawn’. Such people may experience signs of ‘headache, frequent abdominal upsets and tiredness’. They are found to be ‘unrealistic’ overpowered by the ‘irrational thoughts. They exhibit lack of confidence in their decisions and actions. They find themselves incapable of asserting their stand in social situations warranting interactivity. The people falling in the second Category i.e., ‘High’ level of Anxiety will have the above attributes at a mild level. The persons falling in the 3rd Category are considered ‘Average’ or ‘Normal’. This level of anxiety serves productively for them and



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motivates them to cope with and find solution to their day-to-day issues. The people of this Category are found to be ‘vigilant, cautious and responsive’ to untoward conditions.

The people falling in the fifth Category i.e., ‘Very Low’ level of Anxiety are considered to be ignorant, unaccountable, irresponsible and careless. They feel unconcerned not only about the environment around them but also the situations they are placed in. Instead of helping themselves and finding solution to the problems they are faced with, they expect others to help and find a readymade solution for them. The people in the second Category i.e., ‘Low’ level of Anxiety fall somewhere in between the people facing ‘Normal’ and ‘Very Low’ level of anxiety. The Table-3 presents the anxiety level-wise frequency and mean scores of levels of anxiety among Males and Females.

Table-3: Calculation of Frequency, Mean and SD of the Sample (N=100)

| Level of Anxiety | Frequency | Frequency percentage |
|------------------|-----------|----------------------|
| Very High | 20 | 20 |
| High | 19 | 19 |
| Normal | 30 | 30 |
| Low | 9 | 9 |
| Very Low | 22 | 22 |
| Total | 100 | 100 |

| Gender | N | Mean | Std. Deviation |
|--------|----|-------|----------------|
| Male | 50 | 22.52 | 18.648 |
| Female | 50 | 18.4 | 15.669 |

Testing of the Hypothesis

The Hypothesis of the study was tested as under:

H₀: There is likely to be no significant difference between the level of anxiety experienced by the working males and females during Covid-19 time.

It is clear from the analysis provided in Table-4 that the mean score of level of anxiety among Males is 22.52 (SD=18.648) whereas the mean score of the level of anxiety in case of Females is 18.4 (SD=15.669) with a Mean difference of 4.120. The ‘t’ value {t (98) = 1.196, p > .23} testing the significance of the difference between the level of anxiety between males and females is 1.196 which is not statistically significant at 0.05 level of significant. Therefore, it is inferred that there is no satisfactory evidence to prove that there is a significant statistical difference between the means of Males and Females which is the necessary requirement for rejection of the Null Hypothesis. Therefore, the Null Hypothesis is accepted and it is construed that there is no difference between the means of the scores of male and female participants in the present study.

Table-4: Calculation of Difference of Means and ‘t’ value (N=100)

| Gender | N | Mean | Std. Deviation | df | t | Level of Significance |
|--------|----|-------|----------------|----|--------|-----------------------|
| Male | 50 | 22.52 | 18.648 | 98 | 1.196* | .235 |
| Female | 50 | 18.4 | 15.669 | | | |

*Not Significant at .05 Level of Significance

The level of anxiety of the participants was analysed further based on different variables as under:

Gender-wise Anxiety level

The gender-wise frequency based on level of anxiety of the participants revealed that as many as 30% participants had a ‘Normal’ level of anxiety out of which 34% were females and 26% were males. As many as 20% and 22% of the participants on the whole belong to ‘Very High’ and ‘Very Low’ levels of Anxiety respectively. The number of male participants in the ‘Very High’ Category (26%) supersedes the number of female participants in this Category (14%). However, equal number of male and female participants (22% each) belonged in the Category of ‘Very Low’ Anxiety level.



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Age-wise Anxiety level

The frequency distribution of anxiety level of the participants based on Age revealed that majority of the participants from the age group of 30-35 years (38%) felt 'Very Low' level of Anxiety, though the number of participants from this age group was quite high (27%) in the Category of 'Very High' level of Anxiety also. However, majority of the participants from the age groups of 36-40 years (36%), 41-45 years (31%) and 46-50 years (35%) had 'Normal' level of Anxiety.

Educational qualification-wise Anxiety level

The analysis of the levels of Anxiety of the participants based on the educational qualification showed that equal number of participants having education at 10+2 level belonged to Anxiety level Categories of 'Normal' and 'Very High' (37% each). The only participant with Doctorate qualification fell in the 'Normal' Category of level of Anxiety. The participants with Graduation qualification had high participation in all the levels of Anxiety such as 'Very Low' (59%), 'Low' (56%), 'Normal' (40%), 'High' (53%), and 'Very High' (55%). It is because the highest number of participants (N=51, 51%) belong to Graduation education qualification.

Marital Status-wise level of Anxiety

The analysis of the data based on Marital Status of participants revealed that 84% participants were married as against 16% who are unmarried. Out of the married participants, 31% experienced 'Normal' level of Anxiety followed by 21% and 20% who felt 'Very Low' and 'High' level of Anxiety respectively. However, in case of unmarried participants, majority (31%) felt a 'Very High' level of Anxiety as against 25% each who felt 'Normal' and 'Very Low' level of Anxiety.

Area-wise level of Anxiety

The analysis of data based on the Area of the participants showed that majority of the participants (80%) belonged to urban area. The majority of the participants (36%) from urban area, fell in the Category of 'Normal' level of Anxiety. However, from urban area, 19% and 18% participants fall in the categories of 'High' and 'Very High' level of Anxiety respectively. On the contrary, the 45% of the participants from rural area experienced 'Very Low' level of Anxiety as against 30% who felt 'Very High' level of Anxiety. Similarly, 20% participants from rural area experienced 'High' level of Anxiety.

Gender and Marital Status-wise level of Anxiety

The analysis of the data based on Gender and Marital Status-wise distribution showed that out of 34% of the female participants who felt Anxiety at the 'Normal' level, 82% were married and 18% were unmarried. Similarly, out of a total of 26% of Male participants who felt 'Normal' level of Anxiety, 92% were married and 8% unmarried. In case of female participants under Category of 'Very Low' level of Anxiety, 91% were married and 9% were unmarried. From the female participants under the Category of 'High' level of Anxiety, all the participants were married whereas participation in case of male participants was 80% married and 20% unmarried. The category of 'Low' level of Anxiety had all married females.

Age and Gender-wise level of Anxiety

The analysis of the data based on Gender and Age revealed that out of a total of 34% female participants falling in the Category of 'Normal' level of Anxiety, 29% each fell in the age group of 36-40 years, 41-45 years and 46-50 years. Similarly, out of a total of 26% male participants falling in the Category of 'Normal' level of Anxiety, 23% each fell in the age groups of 30-35 years, 36-40 years, and 41-45 years. However, the number of male participants in this Category from the age group of 46-50 years, was 31%. In both the cases i.e., females and males, 44% and 40% respectively felt 'High' level of Anxiety. It was further observed that no female participant of the age group of 36-40 years felt 'Very High' level of Anxiety as against the male counterparts in whose case 15% fell under this Category.

Marital Status and Age-wise level of Anxiety

The marital status-wise analysis of the data on level of Anxiety of the participants based on their age group revealed that highest number of married people from the age group of 41-45 years and 46-50 years (31% each) felt the 'Normal' level of Anxiety. Overall, majority of married participants (26%) had 'Normal' level of Anxiety as against the majority of the unmarried participants (31%) who had 'Very High' level of Anxiety. However, the Category of 'High' and 'Very High' level of Anxiety contained highest share from the age group of 41-45 years. The Category of 'Very Low' level of Anxiety was dominated (33% each) by the age groups of 30-35 years and 36-40 years. Interestingly, in case of Unmarried people, no participants from the age groups of 36-40 years and 46-50 years were part of the categories of 'Very Low', 'Low' and 'Very High' level of Anxiety. No unmarried participant was available in the age group of 41-45 years. The only unmarried participant of the age group of 46-50 years felt 'Normal' level of Anxiety. No



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unmarried participant from the age group of 30-35 years fell in the Category of ‘Normal’ and ‘High’ level of Anxiety. Majority of them were in two extremes i.e., either ‘Very Low’ (40%) or ‘Very High’ (50%).

Discussion

The Anxiety has been considered as a common mental condition impacting all human beings. However, the level and intensity of the state may vary from person to person. The response to normal anxiety consists of perceived threat and perceived need in a given situation (Barbara, 2013). It is considered as body’s adaptive stress response in order to maintain homeostatic balance that prepares the body to take targeted action to manage the impact of the threat at a given point of time (Lee, 2016). The current study revealed that there was an impact of the pandemic conditions on the level of Anxiety of the participants. Since, the pandemic time was an unprecedented situation and things were uncertain in many ways, the participants were experiencing Anxiety at varying levels from ‘very high’ to ‘very low’ irrespective of gender. As many as 30% of the participants only felt a ‘Normal’ level of Anxiety. In a similar study by Grover et al. (2020), it was reported that as many as 38.2% of the participants were suffering from anxiety though majority was unaffected by the situation.

The current study reported that the number of female participants (34%) experiencing the normal level of Anxiety exceeded the number of male participants (26%). Similarly, Patel, Patel, Khadilkar, Chiplonkar, and Patel (2016) found that as many as 35% women participants reported high levels of anxiety. The unemployed women reported 1.2 times higher level of anxiety than the ones who were employed. Contrary to these findings, Bansal, Chaudhary, Soni, Sharma, Gupta, and Kaushal (2015) reported that majority of female participants (69.4%) experienced a mild level of anxiety.

The age-wise analysis of the data in the current study revealed that participants of all ages from 30 to 50 years faced Anxiety at varying degrees during the pandemic. The participants from the age group of 30-35 years experienced either ‘Very Low’ (38%) or ‘Very High’ (27%) level of Anxiety. These participants were either completely ignorant or gave too much attention and felt agitated and, thus, overrated the pandemic situation. However, the participants from the age groups of 36-40 years and 46-50 years in majority felt a ‘Normal’ level of Anxiety. The study by Singh, Soni, Kamboj, and Munjal (2020) reported that the participants of the age groups of 40-50 years attributed the level of anxiety and behaviour changes to the pandemic.

In the current study, majority of the participants who had got education up to Graduation faced Anxiety at ‘Normal’ level. The level of education also did not seem to have an impact on the level of Anxiety of the participants. Their share in the number of participants feeling a normal level of Anxiety was high, since majority of the participants (51%) had got education up to graduation level. It was observed that the married persons in majority (26%) experienced a ‘Normal’ level of Anxiety as against the Unmarried persons whose majority (31%) felt a ‘Very High’ level of Anxiety during the pandemic time. The married persons have other family members staying with them to interact and enjoy their company. They could collectively undertake some household activities or play some games. The socialisation and bonding among family members plays an important role in keeping an individual preoccupied. Since all these participants were employees of the University, there was no financial crisis for them which usually becomes one of the crucial factors for uncertainty. Thus, the current study supports the study by Giorgi et al. (2020) who reported that the employment conditions have played a major role in impacting the psychological wellbeing of the workers.

The current study found that the geographical area in which the participants were staying also had an impact on their mental condition during the pandemic time. Majority of participants residing in urban areas (36%) experienced a ‘Normal’ level of Anxiety during the Pandemic. It might be due to the reason that all sorts of medical facilities were available in the urban areas and the participants from urban areas could avail these facilities in case of emergency. However, the participants staying in rural areas faced either ‘Very Low’ (45%) or ‘Very High’ (30%) level of Anxiety. It might be due to limited health support during the pandemic time. Contrary to these findings, Wakode, Wakode, and Santoshi (2020) reported that the participants belonging to urban areas, had a higher level of anxiety, though there was no significant difference in the level of anxiety among the participants based on the educational background. The researchers identified women, younger age persons and unemployed persons to be the potentially vulnerable groups for stress and anxiety. This may be due to their socio-economic conditions. However, Islam, Akter, Sikder, and Griffiths (2020) found no significant association at statistical level between age, religion and residence area.

The current study revealed that though the participants experienced Anxiety at different levels irrespective of their gender, there was no statistically significant difference in the means of Males (22.52) and Females (18.4). However, the studies conducted by different researchers have reported different results. Iskandar (1994) and McLean, Asnaani, Litz and Hofmann (2011) found that the prevalence of anxiety disorder was higher in females than in males. However, to Rehman et al. (2020) there was no significant difference in suffering based on gender; males and females were equally affected by the lockdown situation during pandemic. Islam,



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Akter, Sikder, and Griffiths (2020) attributed unsatisfactory sleep and limited physical exercise as the main reasons of prevalence of the anxiety in the participants among others while reporting no significant difference based on gender. As against the findings of the current study, Calik (2020) found a significant difference between the scores of the participants based on gender. However, the study by Caz, Coban and Yildirim (2019) revealed that the anxiety level was slightly higher in female students in comparison to the male students though it was considered to be insignificant. Gopal, Sharma, and Subramanyam (2020) also reported similar findings.

Conclusion

The current study covers the period of Pandemic when first lockdown at national level was inflicted by the Government until the first unlock when slight relaxation was granted to the people associated with specific activities e.g., people connected with disaster management, medical services, essential commodities, etc. The complete restriction on movement created an uncertain situation, people were never aware of. It was quite natural that such an unprecedented situation might impact the mental health of the people at different levels. Though, there would be some people who would feel over anxious, other might deal with the situation in a rational way. The current research was an effort to study the level of anxiety of the employees working in Indira Gandhi National Open University during the above time. Though, the financial security available to these employees might have saved them from financial crises and, therefore, might not have contributed to their level of Anxiety, there could be other contributing factors which these participants were supposed to handle at home front while making themselves available for office work under the ‘work from home’ call of the University.

The study was mainly focused on gender and level of Anxiety. The Means of level of Anxiety experienced by the Male and Female participants in the current study was 22.52 and 18.4 respectively. The participants were found to have experienced the Anxiety at varying degrees. Though, the difference in the anxiety level of the male and female participants was not statistically significant as measured through ‘t’ Test, the male participants were found to be more anxious than the female participants. The level of age of the participants also was found to be contributing to the level of anxiety. Though, there is no significant difference in the level of anxiety based on education qualification; the marital status of the participants seemed to have an impact since married participants were found to be less anxious during the period of study. The area of residence also contributed to the level of anxiety and participants from rural areas were found to be experiencing higher level of anxiety during this time.

Keeping in view the interpretation of results, it revealed that statistically there was no significant difference between the males and females in terms of level of Anxiety. However, there seemed some qualitative difference in the level of anxiety as the male participants had shown greater level of anxiety in comparison to their female counterparts.

Implications

The current study highlights the mental state of the sample selected from Indira Gandhi National Open University during the pandemic time. Based on the disturbance at the mental level to the participants and prevalence of anxiety at different levels, this study gives important clues for taking special measures that are required to help the employees in maintaining their mental and physical wellbeing. The special measures taken by the University authorities for ascertaining the wellbeing of its employees would go a long way in curtailing avoidable expenditure on their health services.

The mental health programmes so introduced for help of the employees may focus on enhancing their awareness about the Covid-19, type of exercises they can perform while at home, and maintaining a good quality sleep on daily basis. The employees can be helped in acquiring skills to deal with different issues such as loneliness; family and work life balance; attending online meetings; dealing with technological glitches remotely, etc. The health measures taken by the University will not only help the employees in maintaining their quality of life and take an active part in global fight against Covid-19, their good health will motivate them to undertake their official responsibilities in a befitting way while working from home.

Limitations

The present study has been conducted on a sample of 100 employees of Indira Gandhi National Open University from its Headquarters at New Delhi. Collecting data from a large sample scattered throughout the country requires more time, effort, and financial resources. Due to time constraint, the scope of the study could not be expanded. The availability of the employees for the specified/selected age groups was also one of the constraints, and therefore, all the employees from the headquarters could not be included in the study.



Future Suggestions

Anxiety in varying degree is felt by human beings at different age levels. It is a common body response to face specific situations. The mental well-being plays an important role in motivating the employees to contribute substantially to the achievement of the organisational targets. In view of this, it is of utmost importance that the wellbeing of its employees is ensured by an organisation. More studies of this sought, can help the organisations in designing customised health awareness programmes for its employees. It will boost their overall health while enhancing their self-worth, efficacy and efficiency at the workplace. Cross-sectional studies should be conducted by drawing samples based on social status, positions held, financial worth, place of stay, emotional state of the employees, etc. Workplace stress and work-life balance, and its impact on mental health of employees could be other areas worth focusing on for further research. More dimensions such as religion, income, mental state/comorbidity, social status, and number of family members could be added to the study.

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