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Predictors of Coronavirus Anxiety among State University Employees during the Luzon-wide Enhanced Community Quarantine

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Abstract

Higher education institutions were one of the affected Philippine society sectors when the enhanced community quarantine took effect due to the COVID-19 pandemic. This study explored a new psychological construct – Coronavirus anxiety and attempted to identify its predictors. Involving 342 employees from a state university, both in teaching and non-teaching positions, Measurements were taken of coronavirus anxiety, perceived stress, financial anxiety, mental health continuum, and coping strategies using standardized psychological tests. Data showed that respondents rarely experienced Coronavirus anxiety. They also have low levels of perceived stress and financial anxiety, manifest a good sense of mental health or well-being. Religiosity is the most common coping style among state university employees. However, it is not related to Coronavirus anxiety. Regression analysis revealed that social support decreases the chance of experiencing Coronavirus anxiety, while perceived stress and financial anxiety predicted an increase in Coronavirus anxiety. Recommendations for workplace policies and programs based on the results of the study are put forth.

Keywords: Anxiety, Coping Strategies, COVID-19, Perceived Stress, Well-being.

INTRODUCTION

The coronavirus disease 2019 (COVID-19) did not spare the Philippines. On January 30, 2020, the Department of Health (DOH) reported the first case of COVID-19 in the Philippines with a female Chinese national. The first local transmission of COVID-19 occurred on March 7, 2020 (WHO, 2020). Because of this, President Rodrigo Duterte issued Proclamation No. 922, declaring the country under a state of public health emergency on March 8, 2020. Later on, he placed the entire island of Luzon under Enhanced Community Quarantine (ECQ) until April 12, 2020 (Merez, 2020), which later on extended to April 30, 2020 (Paunan, 2020). This further extended until May 15, 2020. There are 8,212 confirmed COVID-19 cases in the country as of April 30, 2020. Out of these cases, there were 1,023 recoveries and 558 deaths recorded. The Philippines has one of the most numbers of cases of the disease in Southeast Asia.

Along with the ECQ was the enforcement of measures to mitigate the spread of disease in the country. This quarantine measure imposes strict home confinement, suspended public utility transport services, regulated provision for food and essential health services, mandatory social distancing and wearing of face masks, the heightened presence of police and military personnel to enforce these procedures (Merez, 2020). Classes in all levels and non-essential work, especially in Luzon, were suspended. What remained was a skeleton workforce. Companies and agencies opted to follow the work-from-home scheme. Law enforcement prohibited most of the informal sector from operating.

The abrupt change of day-to-day living, fear of the virus, and future uncertainty have caused adverse effects among people across ages. Also,

information overload, rumors, and misinformation can make one feel out of control. More so, an individual may experience stress, anxiety, fear, sadness, and loneliness, while those who have a history of mental health disturbance, including anxiety and depression, may worsen. Researches showed that the spread of the COVID-19 is associated with psychological distress and mental illnesses (Rajkumar, 2020; Pfefferbaum & North, 2020; Ho, Chee, & Ho, 2020; Zhang & Ma, 2020). Anxiety was the most common among mental health symptoms during this pandemic (Rajkumar, 2020).

The 2003 severe acute respiratory syndrome (SARS) epidemic caused a 30% increase in suicides, 29% of health workers experienced emotional distress, and 50% of the recovered patients remained anxious (Woodyatt, 2020; Pfefferbaum & North, 2020). Similarly, other epidemics such as MERS, H1N1, and Ebola also caused mental health concerns like depression and substance use disorders (Zhang & Ma, 2020). In any pandemic, common responses of people affected (both directly and indirectly) might include fear of falling ill and dying; anxiety brought by the loss of livelihoods, not being able to work during isolation and of being dismissed from work; and helplessness, boredom, loneliness, and depression due to being isolated, among others (IFRC, 2020). Feeling worried and anxious, however, is an expected reaction to the current crisis. It is normal to worry about one's health, loved ones, work, and finances. Indeed, the COVID-19 pandemic has not only threatened the physical health or claimed the lives of those infected. It has also brought great disturbance to people's mental health. The proliferation of fear has resulted in erratic behaviors among people amidst the COVID-19 pandemic, which understandably not uncommon since infection affects anyone regardless of gender or socioeconomic status (Ho et al., 2020). Due to feelings of uncertainty, the Philippine National Center for Mental Health (NCMH) reported that depression is on the rise amidst this pandemic. (Tenorio, 2020). Although the psychological and social impacts of emergencies may be acute as this in the short-term, they can also undermine the long-term mental health and psychosocial well-being of the affected people. Pandemic like this may create a wide range of problems experienced at the individual, family, community, and societal levels (IASC, 2007).

In times like this pandemic, public health authorities and media usually focus on biological and physical repercussions and give little attention to mental health issues (Ho et al., 2020). But in fact, not allocating research and funding to mental health has the potential to have a broad impact on society (Woodyatt, 2020). Extensive data on disaster mental health have demonstrated that emotional distress is common in affected populations (Pfefferbaum & North, 2020). The lack of mental health professionals and resources exacerbates Filipinos vulnerability to emergencies and crises – the national budget allocates only 2% to 3% of its budget to health care, which is far below what WHO recommended among developing countries (Hechanova et al., 2015). Presented is a more significant challenge to combat the pandemic effects alongside growing mental health concerns of the Filipinos.

One of the most affected sectors of society is the school system. Due to the lockdown, students, including their instructors, and families have troubles associated with web-based and online schooling (Pelmin, 2020). Higher education institutions (HEIs), especially State Universities and Colleges (SUCs) in CALABARZON (Cavite, Laguna, Batangas, Rizal, and Quezon) region, the second most affected area by the COVID pandemic in the country, personnel and students were also affected by the Luzon-wide ECQ. Classes were interrupted as well. Considering student welfare, the HEIs suspended work in the university together with their online courses. Administrative functions continued to operate on a skeleton workforce. At the forefront of these concerns during this pandemic are mental health issues.

Mukhtar (2020) explained that the dread of falling sick or fear of death could amplify the sense of helplessness, hopelessness, exhaustion and burnout, and nervous anticipation. Lee (2020) came up with a scale measuring health-related anxiety brought by COVID-19 and gave it the name "Coronavirus anxiety." This new construct features distressing physical symptoms associated with Coronavirus fear and anxiety, including dizziness, sleep disturbance, tonic immobility, motor inhibition, appetite loss, and nausea or abdominal distress. Rajkumar

(2020) elaborated that health anxiety arises from the misinterpretation of perceived bodily sensations and changes. This anxiety results in the excessive practice of preventive measures such as hand washing and sanitation. Social media, with its portrayal of overwhelming and sometimes erroneous information, worsen health anxiety. Pfefferbaum and North (2020) said that media reports could be emotionally disturbing.

This study mainly delves into the relatively new construct – Coronavirus anxiety. It explored possible predictors of coronavirus anxiety among state university employees during the implementation of the Luzon-wide ECQ.

Methodology

The research is a predictive cross-sectional analysis. This design intends to examine whether psychological constructs predict a particular phenomenon (Johnson, 2001). The study explored several predictive variables that would define Coronavirus anxiety. These are perceived stress, financial anxiety, mental health continuum or well-being, and coping strategies. Data was collected in the CALABARZON region in Luzon at a single point in time, gathering 342 state university employees. In the given locale of the study, there were 377 teaching personnel (comprised of 268 permanent, 27 temporary, and 82 contract-of-service instructors [COSI]) and 253 non-teaching personnel (composed of 82 permanent, seven casual, and 164 job-order employees) during the conduct of the study with a total of 630 employees. The respondent size chosen came from a 95% confidence level and a 5% confidence interval (+5/-5) analysis.

All research instruments used in the study are standardized psychological measures of specific constructs. Except for the Coronavirus anxiety scale based on a relatively new construct, all tests had been tested and utilized among a wide array of samples with varying ages, sex, ethnicity, et cetera in different parts of the world. Meanwhile, the Filipino Coping Strategies Scale developed within the local context. Their descriptions, psychometric properties, and scale designs are as follows:

Coronavirus Anxiety Scale (CAS). This scale screens and identifies probable dysfunctional anxiety associated with the COVID-19 crisis. This 5-item, 5-point scale (0=not at all; 4=nearly every day), based on 775 adults with coronavirus anxiety, demonstrated solid reliability and validity with Cronbach's alpha of .93 (Lee, 2020).

Perceived Stress Scale (PSS). The 5-point scale is a 14-item instrument designed to measure the degrees to which situations in one's life are stressful in an appraisal. The PSS showed adequate reliability with Cronbach's alpha between .84 to .86 and a test-retest reliability of .85, and appropriate validity with correlation coefficients with other measures of similar symptoms ranging between .52 to .76 (Cohen et al., 1983).

Financial Anxiety Scale (FAS). The scale was developed by adapting the Generalized Anxiety Disorder (GAD) diagnostic criteria set forth by DSM-IV-TR to one's financial situation. It helps assess one's current self-reported level of financial anxiety. The FAS is a 7-item scale with a 7-point Likert-type scale, ranging from 1 (never) to 7 (always). Factor loadings for the scale achieved are .72 and above, supporting the construct validity of the scale used. Internal reliability, using Cronbach's alpha, was high ($\alpha = .94$; Archuleta et al., 2013).

Mental Health Continuum Short Form (MHC-SF). This short form of the Mental Health Continuum is a derivation of the long-form (MHC-LF). The long form consisted of seven items that measured emotional well-being, six 3-item scales (or 18 items total) that measures according to Ryff's 1989 model of psychological well-being, and five 3-item scales (or 15 items in total) that measures according to Keyes' 1998 model of social well-being. The MHC-SF is valid for use with individuals aged 12 years or older. The short form of the MHC shows excellent internal consistency (> .80) and discriminant validity in adolescents (ages 12-18) and adults. The test-retest reliability ranges from .57 to .68. (Keyes, 2008).

Filipino Coping Strategies Scale (FCSS). The scale measures nine coping strategies, such as cognitive reappraisal (pagsusuri), social support (paghingi ng tulong), problem-solving (pagtugon), religiosity (pagkarelihiyoso), tolerance (pagtitiis), emotional release (paglabas

ng saloobin), overactivity (pagmamalabis), relaxation/ recreation (paglilibang), and substance use (pagbibisyo). It is composed of 45 items with five items under each domain. Reliability analysis revealed that they are internally consistent, reducing the number of scale items to 37. The establishment of construct validation came via factor analysis through principal components analysis extraction method and varimax rotation method and test for convergent validity (Rilveria, 2018).

Some of these tests were in open access and free to use for research purposes, while others are taken with permission from their corresponding authors and developers for this study. Researchers administered instruments through digital platforms. The online form included informed consent explaining the terms, conditions, nature, and purpose. The institutional ethics review committee of the state university gave the study clearance. As licensed professionals, the researchers strictly followed and complied with the Data Privacy Act of 2012. The respondents' identity and their responses were kept anonymous and confidential. There was no remuneration or any form of reciprocity for participating. Participation in the study was entirely voluntary, and respondents can withdraw anytime without any disadvantage. There was no foreseeable harms or risks in participating in this study.

The statistical analysis performed correlation, multiple regression, and path analysis using SPSS and AMOS.

Results

Coronavirus anxiety, perceived stress, mental health state, financial anxiety, and coping strategies. On average, the respondents rarely experienced Coronavirus anxiety at (M=1.54, SD=0.51, less than a day or two). They sometimes feel stressed out (M=2.80; SD=0.63) and rarely experienced financial anxiety (M=2.30, SD=1.36). The highest scores were in terms of the respondent's mental health continuum (M=4.65, SD=1.11, almost every day). In terms of coping strategies, religiosity rated the highest (M=3.51, SD=0.59, always). Next is their cognitive reappraisal (M=3.21, SD=0.58, most of the time) and recreation/ relaxation (M=3.00, SD=0.60). This is followed with middling scores of tolerance (M=2.49, SD=0.71, sometimes), social support (M=2.46, SD=0.59, sometimes), overactivity (M=2.19, SD=0.61, sometimes), and emotional release (M=1.82, SD=0.45, sometimes). Lastly, the majority reported that they never experienced substance use (M=1.36, SD=0.32, never).

Table 1. *Descriptive Statistics*

Variables	Mean	SD	Description
Coronavirus Anxiety Scale	1.54	0.50524	Rare, less than a day or two
Perceived Stress	2.80	0.63824	Sometimes, low stress
Mental Health Continuum	4.65	1.11028	Almost everyday
Financial Anxiety	2.30	1.35709	Rarely
Coping Strategies			
Cognitive reappraisal	3.21	0.58185	Most of the time
Social support	2.46	0.59302	Sometimes
Religiosity	3.51	0.5921	Always
Tolerance	2.49	0.706	Sometimes
Emotional release	1.82	0.44595	Sometimes
Overactivity	2.19	0.60836	Sometimes
Recreation/ relaxation	3.00	0.59542	Most of the time
Substance use	1.36	0.322	Never

N=342

Table 2 presents the correlation results between the variables of the study. Financial anxiety has obtained the highest correlation with Coronavirus anxiety at r (342) = 0.309. Perceived stress is also significantly correlated with Coronavirus anxiety at r (342) = 0.312. The result means that higher financial anxiety or perceived stress makes it more likely to have a corresponding increase in coronavirus anxiety.

Table 2. *Correlation Results*

Correlations	1	2	3	4	6	7	8	9	10	11	12	13
Coronavirus Anxiety Scale	1											
Perceived Stress	.312**	1										
Mental Health Continuum	-.165**	-0.034	1									
Financial Anxiety	.309**	.359**	-.273**	1								
Cognitive reappraisal	-.147**	-0.033	.374**	-.261**	1							
Social support	.180**	.207**	0.012	.132*	.243**	1						
Religiosity	-0.06	0.025	.359**	-.136*	.599**	.288**	1					
Tolerance	.161**	.192**	-0.053	.187**	.132*	.256**	.194**	1				
Emotional release	.159**	.264**	-.130*	.296**	-0.022	.330**	0.102	.246**	1			
Overactivity	.131*	.174**	-.170**	.322**	0.02	.198**	0.081	.242**	.358**	1		
Recreation/ relaxation	-.108*	-0.022	.278**	-.119*	.624**	.309**	.465**	.172**	.141**	.294**	1	
Substance use	.155**	.182**	-.321**	.337**	-.194**	.199**	-.150**	.208**	.402**	.497**	-0.004	1
Mean	4.23	2.80	4.65	2.30	3.21	2.46	3.51	2.49	1.82	2.19	3.00	1.36
SD	1.91	0.64	1.11	1.36	0.58	0.59	0.59	0.71	0.45	0.61	0.60	0.32

N=342

In terms of coping, social support, overactivity, and substance abuse correlates with Coronavirus anxiety at sig. < 0.05. Also, cognitive appraisal and recreation/ relaxation are inversely significantly correlated with Coronavirus anxiety at sig. < 0.05, meaning that an increase in their cognitive appraisal and recreation/ relaxation activities would yield a corresponding decrease in their Coronavirus anxiety. Meanwhile, religiosity does not correlate with Coronavirus anxiety at r (342) = -0.06, which were sig. > 0.05.

Table 3 shows the results of the regression analysis of the data. The coefficient of determination measured by the adjusted R-squared value shows that those predictors at an adjusted R-squared of 0.18 accounts for 18.10% of the change in Coronavirus anxiety. Analysis of variance (ANOVA) results from the multiple regression analysis shows a good model fit at F (11,330) = 6.61, where sig. < 0.05. Correlation results yielded significant correlations at sig. < 0.05.

Table 3. *Regression Results*

Table 3. Regression Results

Regression Weights			Unstd Estimate	Std Estimate	S.E.	C.R.	P
Coronavirus Anxiety	<---	Substance use	-0.052	-0.033	0.098	-0.526	0.599
Coronavirus Anxiety	<---	Recreation/ relaxation	-0.068	-0.08	0.059	-1.15	0.25
Coronavirus Anxiety	<---	Overactivity	0.024	0.028	0.052	0.451	0.652
Coronavirus Anxiety	<---	Emotional release	-0.007	-0.006	0.066	-0.1	0.92
Coronavirus Anxiety	<---	Tolerance	0.061	0.086	0.038	1.61	0.107
Coronavirus Anxiety	<---	Religiosity	-0.004	-0.005	0.055	-0.075	0.94
Coronavirus Anxiety	<---	Social support	0.119	0.14	0.048	2.494	0.013*
Coronavirus Anxiety	<---	Cognitive reappraisal	-0.071	-0.081	0.064	-1.109	0.267
Coronavirus Anxiety	<---	Financial anxiety	0.053	0.143	0.022	2.434	0.015*
Coronavirus Anxiety	<---	Mental health continuum	-0.031	-0.069	0.026	-1.21	0.226

Coronavirus Anxiety	<---	Perceived stress	0.168	0.212	0.043	3.923	***

Adjusted R-squared = 0.1810
F= 6.61, df =11, 330, sig. = 0.0005
* Significant at the 0.05 level (2-tailed).
*** Significant at the 0.01 level (2-tailed).

Social support predicts Coronavirus anxiety at Unstd Beta (342) = 0.119, sig. < 0.05. The inverse relationship suggests that social support decreases Coronavirus anxiety. Perceived stress is the highest predictor of Coronavirus anxiety at Unstd Beta (342) = 0.168, where sig. < 0.01. Every 1-point increase in the respondents' perceived stress would yield a 0.168 increase in their Coronavirus anxiety. Lastly, financial anxiety predicts Coronavirus anxiety at Unstd Beta (342) = 0.053, where sig, is < 0.05. Meanwhile, the rest of the variables did not yield as predictors at sig. < 0.05.

Discussion

Due to health protocols and the enhanced community quarantine, many businesses and work operations have to stop. This challenge has left others to suffer due to no-work, no-pay imposed in some agencies, leaving them with debts and financial losses (Pastor, 2020). The work interruption due to the imposed quarantine in several localities in the Philippines raised some unique issues for employers in dealing with their personnel (Duka, 2020). This issue is another aspect of the crisis that puts massive pressure on mental health. The loss of livelihood and fears concerning finances are hitting vulnerable individuals and their families (Williamson, 2020). Though government agencies like state universities may not have the same situation, teaching and non-teaching personnel took part in the skeleton workforces while forcing others to shift online for the continuity of the delivery of their services and online classes. The Commission on Higher Education (CHED) of the Philippines advised tertiary schools to implement distance education learning methods to maximize the academic term despite the suspension. However, following the ECQ in Luzon, colleges and universities suspended the online classes to consider student, faculty, and staff welfare (Pelmin, 2020). But once the government removes the ECQ, courses will continue on alternative modalities to complete the interrupted semester, which shall continue in the succeeding semester/s. The name for this is referred to as the "new normal" in higher education.

This is the same situation in the state university where the researchers conducted the present study, teaching and non-teaching personnel reported having low levels of Coronavirus anxiety, perceived stress, and financial anxiety. Evident to this, they manifest a high level of well-being revealed in the mental health continuum scale. Data consistently showed a good overall mental health state among the employees of the state university. Related literature explains that despite the adverse effects of the pandemic, there were perceived benefits. Such benefits include strong adherence to quarantine by spending time with family or quality time spent alone to cultivate desiring hobbies (Mukhtar, 2020). These positive benefits reflect preventive behaviors that may overcome the perils of the situation. Concerning this correlation, the study of Zhang and Ma (2020) showed positive effects of the COVID-19 pandemic. Among respondents from China, the supposed virus origin country reported no increased stress from work and financial burden from the coronavirus pandemic. They found the quarantine as a time to be more relaxed and rested. However, the researchers explained this as an outcome of a sedentary lifestyle or avoidance behavior, which may require mental health interventions.

Furthermore, the results show that financial anxiety has the highest correlation with Coronavirus anxiety. It also predicts Coronavirus anxiety. This correlation means that higher financial anxiety makes it more likely to have a corresponding increase in their Coronavirus anxiety. Mental health practitioners have long encountered clients who have their cognitive, emotional, and relational well-being impacted by their financial problems (Archuleta et al., 2013). Northern, O'Brien, & Goetz (2010) linked financial stress to several negative consequences affecting multiple life domains: health, health behaviors, psychological well-

being, academic pursuits, and interpersonal relations. Financial satisfaction is an integral component of overall life satisfaction and well-being (Plagnol, 2011). Pfefferbaum and North (2020) also identified financial losses as one of the significant stressors during this pandemic. Governments worldwide need to treat this growing crisis with equal emphasis on economic matters. The absence of viable measures to alleviate financial stresses will inevitably become mental health concern (Williamson, 2020).

Another significant finding of this study is that perceived stress is the highest predictor of Coronavirus anxiety. This finding shows that every perceived stress would increase their Coronavirus anxiety. A new literature review found that quarantine has led to psychological effects as post-traumatic stress symptoms, confusion, and anger (Brooks et al., 2020). Brown et al. (2020) showed that COVID-19 related stressors, high anxiety, and depressive symptoms are associated with higher perceived stress among parents. Among teachers and other school employees, additional stress sources include the need to access technology, e-books, and the internet, among others, to adapt to remote learning as the pandemic and their academic rigors continue (Pelmin, 2020). In the study conducted by Pastor (2020), internet connectivity in Northern Luzon cannot meet synchronous distance education requirements. Most students and teachers are utilizing Facebook messenger with free data or non-paid internet subscriptions.

In terms of copings, religiosity was the most common strategy among state university employees. Hechanova et al. (2015) explained that religiosity is rooted in Filipino culture and way of life. Rilviera (2018) describes religiosity as practices: praying, belief in destiny, and the will of God. Khan, Vijayshri, and Farooqi (2014) mentioned that religious beliefs might motivate pro-social behaviors and prevent behaviors that are harmful to others. Religious practices and beliefs provide a sense of control, security and self-confidence to those who would otherwise feel fearful or anxious. Filipinos turn to religion and accept reality; some may utter bahala na (leaving everything to God) while others stay positive that God will not leave them during times of crisis (Rilviera, 2018). However, data shows that religiosity is not related to Coronavirus anxiety. Religious teaching has the perception to have the potential to induce guilt and fear that reduce the quality of life or otherwise interfere with functioning (Khan et al., 2014).

Moreover, social support, overactivity, and substance abuse are also associated with Coronavirus anxiety. Social support refers to help-seeking behaviors, receiving advice or professional care, friends and familial support, and sharing one's problems with others. Overactivity means excess in the amount of work or effort taken to distance oneself from stress. According to Brown et al. (2020), individuals should first take time to focus and improve things within their control. Spending time with family (or even pets) can yield a purpose in life. Substance abuse involves the use of drugs, alcohol, or medicine to relieve physical and mental stress. (Rilviera, 2018). Also, cognitive appraisal and recreation/ relaxation were also commonly used as strategies to cope among respondents. Cognitive reappraisal means adjusting personal views or assumptions regarding a situation or problem: optimism, change of goals, and meaning-making. Recreation or relaxation refers to activities that lessen the stress and makes the individual feel at ease (Rilviera, 2018). These strategies are to be inversely related to Coronavirus anxiety. This correlation means an increase in their cognitive appraisal coupled with recreation/relaxation activities would yield a corresponding decrease in their Coronavirus anxiety. Polizzi, Lynn, and Perry (2020) found that individuals did better when they did activities that establish control, coherence, and connection. Control means planning and organizing for day to day activities. Connection involves maintaining relationships through long-distance communication and coherence through conscientious activities like meditation and deep breathing. According to Reyes (2020), the COVID-19 pandemic changed Filipino lifestyles. For example, plant lovers dubbed as plantitos and plantitas inundated social media with their photos and videos showing their plants and gardening activities. Others became health conscious and decided to become gym enthusiasts. They set up mini gyms inside their homes as a way to burn off excess calories they gained from the lockdown. Filipinos find ways to reduce the emotional stress caused by their problems by engaging in recreational and

relaxing activities (Rilviera, 2018). Tohmiya, Tadaka, and Arimoto (2018) found that cognitive stress appraisal is related to individual and environmental factors. One way of improving employee mental health involves interprofessional help: better self-coping skills, improving health literacy, improving workspace organization, and social support.

Based on the data, predictors of Coronavirus anxiety also include social support. The higher the social support that a person experiences, the lower the Coronavirus anxiety. This problem is common among Asians, including Filipinos. Lee (2020) reported that Asian samples have close communications with people like family members in surrounding countries where the virus has had a devastating effect. Social support from friends and family ties into general well-being (Walen & Lachma, 2000). Nguyen et al. (2016) showed a discrepancy in social support between married, formerly married, and never-married people: unmarried people reported having less close family members than married people. Social support at the workplace is also a valuable defense against work-related mental health issues. Developing and implementing mental health support in these places is crucial to defend against the coronavirus mental health crisis. (Xiang et al., 2020). Brooks et al. (2018) showed that employers without adequate mental health support become a risk factor contributing to poor mental health. Social support programs should be established and maintained even after the pandemic. These programs involve regular communication between the employer and employees through online meetings. Yasin and Dzulkifli (2010) indicated the negative correlation between social support and psychological problems. This finding serves to reinforce the idea that social support is a protective barrier to psychological conditions. Educators and other school staff should remind themselves about social support to combat psychological problems before they get out of control.

Conclusion

This study focused on a relatively new psychological construct that came out through the COVID-19 pandemic. In identifying Coronavirus anxiety predictors, this predictive cross-sectional study explored variables that may lead to understanding the said new construct. The employees of a state university, both teaching, and non-teaching personnel, were examined. They had low Coronavirus anxiety, perceived stress, and financial anxiety. Consistently, they are in a good state of mental health or well-being. They have positive thoughts and emotions during the ECQ. This time they spent with their family and cultivating their hobbies. More so, being religious is the most common coping strategies among state university employees. However, their religious practices and behaviors were not able to counterbalance the Coronavirus anxiety. Instead, their cognitive reappraisals and relaxations, and recreational activities became effective in combating the said anxiety. Triggers that contribute to Coronavirus anxiety include perceived stress and financial anxiety. Social support reduces the chance of experiencing the same anxiety.

The researchers recommend that the state university or other agencies create workplace policies and programs that will inculcate cognitive reappraisals skills such as mindfulness and emotional regulation exercises, promote relaxation and recreational activities, and exhibit enabling social support. Limitations of the present study include (1) foreign-developed construct measures, (2) using a homogenous group of respondents from a state university, and (3) variables measurement at a single point in time. The researchers further suggest another group conducting a similar study that addresses the previously mentioned limitations. Doing other research involving the students may also be feasible.

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