

# RESEARCH ON GENERALIZED ANXIETY IN THE CONTEXT OF THE COVID-19 PANDEMIC—TAKING IDEOLOGICAL AND POLITICAL EDUCATORS AS AN EXAMPLE

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## SUMMARY

**Background:** Affected by the rapid spread of the COVID-19 pandemic, teachers have experienced extremely general anxiety or depression. This article takes ideological and political educators as an example to study the generalized anxiety problem in the context of the COVID-19 pandemic from a demographic perspective. The influencing factors are analyzed and mitigation strategies are proposed accordingly.

**Subjects and methods:** A total of 231 ideological and political educators from different colleges or middle schools in Anhui Province of China were selected and the survey was carried out through online questionnaires. Using SPSS26.0 as the tool, the Chi-square test and cross-analysis were conducted to study the influencing factors of anxiety of ideological and political educators.

**Results:** The age factor was significantly correlated with anxiety at the 0.001 level ( $\chi^2 = 33.067, P < 0.001$ ). The gender factor was significantly correlated with anxiety at the 0.01 level ( $\chi^2 = 11.591, P < 0.01$ ). The highest educational level was associated with anxiety at the 0.01 level. There was a significant correlation at the 0.001 level ( $\chi^2 = 22.653, P < 0.001$ ). There was a significant correlation between physical health and anxiety at the 0.001 level ( $\chi^2 = 22.653, P < 0.001$ ). The degree of attention to the pandemic also significantly affected the level of individual anxiety ( $\chi^2 = 46.430, P < 0.001$ ).

**Conclusions:** This study conducted a survey analysis of 231 ideological and political educators in different universities or middle schools in Anhui Province of China. The results show that factors such as age, gender, highest education, health, and attention to the pandemic will all affect the anxiety level of individuals. Therefore, educators should combine their own conditions and determine whether professional psychological counseling is needed according to the severity of anxiety.

**Key words:** COVID-19 - anxiety - ideological and political education - educators

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## INTRODUCTION

General anxiety disorder (GAD), a type of anxiety disorder, is a chronic psychiatric disorder characterized by extensive and excessive worrying about life events (Belon 2019). Such patients often live in a relatively continuous state of tension, worry and anxiety. The core feature of it is chronic, persistent and uncontrollable worry. The patient is excessively worried about economic, family, health, future and other things that are difficult to control. Most are accompanied by nonspecific psychological and physical symptoms (Deacon et al. 2008). This persistent excessive worry is beyond the control of the individual, as this uncontrollability is precisely one of the reasons for the formation of generalized anxiety disorder (Stefan et al. 2020). The latest research on the burden of mental disorders and health service utilization in China shows that among all types of mental disorders, anxiety disorders have the highest prevalence, with a lifetime prevalence of 7.6% and a 12-month prevalence of 5.0%.

Affected by the rapid spread of the COVID-19 pandemic, the ministry of education issued the “Guiding Opinions on Doing a Good Job in the Organization and Management of Online Teaching in Ordinary Colleges and Universities during the Period of Epidemic Prevention and Control” in February 2020. It is required to adopt a government-led, college-based, and socially involved approach to jointly implement

and ensure online teaching in colleges and universities during the epidemic prevention and control period, so as to achieve “suspended classes without stopping teaching, and suspended classes without stopping learning” (Ang et al. 2021). The guiding opinions emphasize that colleges and universities should choose the plan that matches the actual situation of the school and the network environment conditions and closely cooperate with the course platform to standardize management and strengthen the supervision of course content, teaching process and platform operation, which will facilitate to prevent and stop the spread of harmful information and guarantee online teaching is running safely and smoothly. Although online teaching, “Internet + education”, live classes and other teaching modes have been carried out for many years (Saiyad et al. 2020), this is the first time that conventional offline teaching content has been transferred to online on a large scale nationwide. Due to lack of experience, many teachers are not familiar with the online teaching process, and lack experience in dealing with some unexpected situations, such as network freezes, screen sharing, audio and video switching, etc. (Beason-Abmayr et al. 2021). Coupled with the lack of on-site communication and interaction in offline teaching, teachers cannot make judgments based on students’ real-time lectures and adjust the rhythm of teaching. All kinds of situations have led to teachers’ frustration in

teaching (Pressley & Learn 2021). In addition, during the outbreak of COVID-19, government departments required people from all walks of life to live at home by self-isolation. During the process of home isolation, teachers' face-to-face interactions with the outside world also decreased (Khoshaim et al. 2020). Although it is possible to use online platforms or telephones to communicate with family members and friends through video, voice, text and other means, in the process of emotional communication between people, images, words, sounds and other content are far less easily perceived than face-to-face contact. This has led to many teachers experiencing a decline in interpersonal relationships during the outbreak of the COVID-19 pandemic, which indirectly has adverse effects on mental health (Asl 2021).

In addition to teaching tasks, teachers also undertake a lot of non-teaching tasks. In 2017, the New Education Research Institute released a survey report on "reducing teachers' non-teaching work", which pointed out that the time teachers really spend on teaching and related preparation accounted for less than 1/4 of the entire working time, and the remaining 3/4 is a more time-consuming and labor-intensive non-teaching task. Cumbersome non-teaching transactional work consumes a lot of teachers' energy (Lyneham et al. 2008). In 2019, the China Association for Teacher Education Development analyzed through interviews and questionnaires that 32.4% of the teachers surveyed felt very stressed at work. 72% of teachers suffer from mental illness in Central Asia, of which 61.2% of primary and secondary school teachers have symptoms of anxiety, manifested as poor social adaptability, interpersonal tension, narrow-mindedness, self-isolation, emotional instability, full of complaints, too low self-esteem or conceited et al (Mkhize 2019). The outbreak of the COVID-19 pandemic has caused extremely general anxiety or depression among teachers who belong to a group with a high incidence of psychological problems. Taking ideological and political educators as an example, this paper studies the generalized anxiety problem in the context of the COVID-19 pandemic, analyzes its influencing factors from a demographic perspective and proposes mitigation strategies accordingly.

## SUBJECTS AND METHODS

### Questionnaire

A total of 231 ideological and political educators from different colleges or middle schools in Anhui Province of China were selected and the survey was conducted through online questionnaires (Questionnaire Star). A total of 231 questionnaires were distributed, 195 valid questionnaires were recovered, and 190 valid data were obtained after excluding the samples whose answering time was less than 30 seconds, with an effective rate of 82.25%. The content of the questionnaire includes basic information such as

age, gender, highest education, physical condition, and the frequency of patients' attention to the pandemic. The GAD-7 Generalized Anxiety Scale is attached at the end. Using SPSS26.0 as the tool, Chi-square test and cross analysis were conducted to study the anxiety status and influencing factors of ideological and political educators.

### Psychological scale

The GAD-7 Generalized Anxiety Scale is one of the most concise and effective ways to assess generalized anxiety disorder in clinical practice. The seven items were: (1) feeling restless, worried and irritable; (2) unable to stop or control worrying; (3) worrying about many different things; (4) very nervous and difficult to relax; (5) Very restless to sit still; (6) becomes easily annoyed or irritated; (7) feels as if something terrible is about to happen. Each item is 0-3 points, and the result is calculated by total score, that is, the scores of seven items are added together, and the total score range is 0-21 points. Among them, 0-4 points represents no anxiety, 5-9 points mild anxiety, 10-13 moderate anxiety, and 14 points and above moderate to severe anxiety symptoms.

## RESULTS

Statistical and summary questionnaire data were obtained, and the demographic characteristics of the sample population were obtained as shown in Table 1.

The question options of the demographic questionnaire were used as the grouping basis and the anxiety level was used as the measurement state. The frequency is set as the basis for case weighting. Using SPSS26.0 for case weighting, the Chi-square test is selected in the statistical items to perform cross-tab analysis. Taking the age factor as an example, the results of the Chi-square test are shown in Table 2. However, since the subjects of this survey are distributed in multiple age groups, in order to study whether there are differences in anxiety among different age groups, SPSS26.0 was used to perform the *t*-test. The *P* value was adjusted using the Bonferroni correction, and the cross-analysis results are shown in Table 3. Similarly, data on gender, highest education, physical condition, and frequency of attention to the epidemic were handled in the same way. The results are shown in Tables 4 to 10.

According to Table 2 and Table 3, the age factor was significantly correlated with anxiety at the 0.001 level ( $\chi^2 = 33.067, P < 0.001$ ). In each age group, there was no significant difference in anxiety levels between individuals aged 30-45 and 46-59. The anxiety levels of 20-29 years old, 30-59 years old, and 60 years old and above are significantly different. In contrast, young teachers of 20-29 years old are more likely to be affected by the epidemic and have anxiety problems. According to Table 4, there is a significant correlation between gender and anxiety at the 0.01 level ( $\chi^2 =$

11.591,  $P < 0.01$ ). The anxiety index of women is higher than that of men, which indicates that women are more easily affected by the pandemic and become anxious. This result is consistent with existing research. According to Table 5 and Table 6, there is a significant correlation between the highest degree of education and anxiety at the 0.001 level ( $\chi^2 = 22.653$ ,  $P < 0.001$ ). According to the cross-analysis results, there is no significant difference in the degree of anxiety between the undergraduate degree and the master degree. Individuals with a doctorate or above have lower

anxiety levels than those with a bachelor's degree or a master's degree. According to Table 7 and Table 8, there is a significant correlation between physical condition and anxiety at the 0.001 level ( $\chi^2 = 22.653$ ,  $P < 0.001$ ) and individuals with good health condition are less susceptible to anxiety problems. According to Table 9 and Table 10, the degree of attention to pandemic will also significantly affect the level of individual anxiety ( $\chi^2 = 46.430$ ,  $P < 0.001$ ). From the statistical data, individuals who pay more attention to the pandemic are more likely to suffer from the pandemic.

**Table 1.** Demographic characteristics of the sample population

Items	Options	Frequency	Percentage (%)	Percentage of patients with anxiety (%)
Gender	Male	102	54	41
	Female	88	46	66
Age	20-29	33	17	88
	30-45	68	36	60
	46-59	52	27	40
	60 and above	37	19	24
Highest degree of education	Bachelor's degree	32	17	63
	Master's degree	101	53	64
	PhD degree and above	57	30	26
Physical condition	Healthy	46	24	24
	Not bad	109	57	51
	Poor	35	18	94
Frequency of attention on pandemic	Occasionally	6	3	0
	Generally	120	63	38
	Frequently	51	27	84
	Always	13	7	92

**Table 2.** Chi-square test for age factor

	Value	df	Asymptotic significance (2-sided)
Pearson Chi-square	33.067 <sub>a</sub>	3	0.000
Likelihood ratio	35.922	3	0.000
Linear-by-linear association	32.283	1	0.000
N of valid cases	190	-	-

Note: a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 15.63.

**Table 3.** Cross analysis of different age groups

		Age				Total	
		1.00	2.00	3.00	4.00		
Anxiety	1.00	Count	29 <sub>a</sub>	41 <sub>b</sub>	21 <sub>b,c</sub>	9 <sub>c</sub>	100
		Within age (%)	87.9	60.3	40.4	24.3	52.6
	2.00	Count	4 <sub>a</sub>	27 <sub>b</sub>	31 <sub>b,c</sub>	28 <sub>c</sub>	90
		Within age (%)	12.1	39.7	59.6	75.7	47.4
Total	Count	33	68	52	37	190	
	Within age (%)	100.0	100.0	100.0	100.0	100.0	

Note: Each subscript letter denotes a subset of age categories whose column proportions do not differ significantly

from each other at the 0.05 level.

**Table 4.** Chi-square test for gender factor

	Value	df	Asymptotic significance (2-sided)
Pearson Chi-square	11.591 <sup>a</sup>	1	0.001
Likelihood ratio	11.732	1	0.001
Linear-by-linear association	11.530	1	0.001
N of valid cases	190	-	-

Note: a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 41.68.

**Table 5.** Chi-square test of highest degree of education factor

	Value	df	Asymptotic significance (2-sided)
Pearson Chi-square	22.653 <sup>a</sup>	2	0.000
Likelihood ratio	23.257	2	0.000
Linear-by-linear association	15.349	1	0.000
N of valid cases	190	-	-

Note: a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 15.16.

**Table 6.** Cross-analysis between different educational backgrounds

			Highest degree of education			Total
			1.00	2.00	3.00	
Anxiety	1.00	Count	20 <sub>a</sub>	65 <sub>a</sub>	15 <sub>b</sub>	100
		Within Highest degree of education (%)	62.5	64.4	26.3	52.6
	2.00	Count	12 <sub>a</sub>	36 <sub>a</sub>	42 <sub>b</sub>	90
		Within Highest degree of education (%)	37.5	35.6	73.7	47.4
Total	Count	32	101	57	190	
	Within Highest degree of education (%)	100.0	100.0	100.0	100.0	

Note: Each subscript letter denotes a subset of highest degree of education categories whose column proportions do not differ significantly from each other at the 0.05 level.

**Table 7.** Chi-square test of physical condition factor

	Value	df	Asymptotic significance (2-sided)
Pearson Chi-square	39.645 <sup>a</sup>	2	0.000
Likelihood ratio	45.907	2	0.000
Linear-by-Linear association	38.342	1	0.000
N of valid cases	190	-	-

Note: a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 16.58.

**Table 8.** Cross-analysis of different physical conditions

			Physical condition			Total
			1.00	2.00	3.00	
Anxiety	1.00	Count	11 <sub>a</sub>	56 <sub>b</sub>	33 <sub>c</sub>	100
		Within physical condition (%)	23.9	51.4	94.3	52.6
	2.00	Count	35 <sub>a</sub>	53 <sub>b</sub>	2 <sub>c</sub>	90
		Within physical condition (%)	76.1	48.6	5.7	47.4
Total	Count	46	109	35	190	
	Within physical condition (%)	100.0	100.0	100.0	100.0	

Note: Each subscript letter denotes a subset of physical condition categories whose column proportions do not differ significantly from each other at the 0.05 level.

**Table 9.** Factorial Chi-square test of frequency of attention

	Value	df	Asymptotic significance (2-sided)
Pearson Chi-square	46.430 <sup>a</sup>	3	0.000
Likelihood ratio	52.731	3	0.000
Linear-by-linear association	42.481	1	0.000
N of valid cases	190	-	-

Note: a. 2 cells (25.0%) have expected count less than 5. The minimum expected count is 2.84.

**Table 10.** Cross-analysis of different frequencies of attention

		Frequency of attention				Total	
		1.00	2.00	3.00	4.00		
Anxiety	1.00	Count	0 <sub>a</sub>	45 <sub>a</sub>	43 <sub>b</sub>	12 <sub>b</sub>	100
		Within frequency of attention (%)	0.0	37.5	84.3	92.3	52.6
	2.00	Count	6 <sub>a</sub>	75 <sub>a</sub>	8 <sub>b</sub>	1 <sub>b</sub>	90
		Within frequency of attention (%)	100.0	62.5	15.7	7.7	47.4
Total		Count	6	120	51	13	190
		Within frequency of attention (%)	100.0	100.0	100.0	100.0	100.0

Note: Each subscript letter denotes a subset of frequency of attention categories whose column proportions do not differ significantly from each other at the 0.05 level.

## DISCUSSION

The COVID-19 pandemic is a major public health emergency, and the work and life of ideological and political educators will be affected to varying degrees, usually with psychological reactions such as panic, excessive anxiety, and irritability (Shafran et al. 2021). Some individuals will pay too much attention to the body, repeatedly check information about the epidemic on the Internet, excessively wash hand and protect themselves, and even go through panic attacks. The emotional stress response is physiologically manifested as dizziness, headache, indigestion, insomnia and other discomforts Symptoms (Warren et al. 2021). Most people's psychological stress response will gradually ease as the epidemic is controlled, but if the response is excessive or persistent, it often leads to irrational behavior (Elhai et al. 2020).

For anxiety situations that have arisen, educators should combine their own circumstances and determine whether professional psychological counseling is needed according to the severity of anxiety (Mennin et al. 2000). Existing statistical data show that most patients with pandemic anxiety are moderately to mildly anxious. Anxious patients need to be treated with appropriate means under the advice of a psychiatrist. Currently, commonly used psychotherapy methods include Hypnotherapy, Psychodynamic Methods, Sandbox Therapy, Painting Therapy, Music Therapy, Gestalt Therapy, and Rational Emotion Therapy (Rational-Emotive Therapy), Morita Therapy, etc. (Jablonka et al. 2012).

## CONCLUSIONS

This study conducted a survey analysis of 231 ideological and political educators in different

universities or middle schools in Anhui Province of China. The results show that factors such as age, gender, highest degree of education, health level, and attention to the pandemic will affect the level of anxiety of individuals. In general, young teachers are more prone to anxiety, women are more anxious than men, teachers with doctoral degrees or above have lower levels of anxiety, and health has a great impact on anxiety. Among individuals with poor physical condition, 94% said they were affected by anxiety. Anxiety is also related to the level of attention to the epidemic, and individuals who are overly concerned about the pandemic are most affected by anxiety (Nowakowski et al. 2016).

This study also has certain limitations. The primary problem is the number of samples. It can be seen that the frequency of some questionnaire options is much lower than that of other options. Therefore, the analysis of such data will bring greater errors. In addition, the questionnaire used in the study has no norm reference, and the evaluation of anxiety is based on general scoring standards, and its accuracy is questionable. However, this study is mainly based on demographic analysis. The scale is sufficient to reflect the general anxiety level of ideological and political education practitioners.

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