The Relation between Worries, Concerns and Psychological Wellbeing of Patients with COVID 19 Pandemic

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Abstract:

The psychological effects of COVID-19 offer serious concerns to mental health since they increase levels of fear and concern, which are already high, and because the situation is yet uncertain. **Aim of the study:** to explore the relation between worries, concerns and psychological wellbeing of patients with covid 19 pandemic. **Subjects and Method: Study design:** A descriptive correlation research design was utilized. **Subject**: A convenient sample of 250 patients with covid 19 from inpatient of isolation Department of Elmenshawy General Hospital which affiliated to ministry of health. **Study tools:** 3 tools were used: **Tool 1:** Socio-demographic and Clinical Data Structured interview, Tool 2: "Ryff's Scales of Psychological Well-Being, Tool 3: Worries and concerns of patients with COVID- 19. Results: This study revealed that more than half of the studied patients have high level of autonomy, also the majority of the sample have high level of worries and concerns, while the quarter of the sample have average with worries and concerns. **Conclusions:** it can be concluded that, there was a highly negative statistical significant correlation between total worries and concerns level and total psychological wellbeing level. **Recommendations:** Further research on developing programs that are needed for a better understanding of relations between worries and concerns and psychological wellbeing of patients with COVID-19.

***Keywords*:** Patients with COVID-19, worries and concerns, psychological well-being

Introduction

The world health organization (WHO) affirmed the outbreak of a new coronavirus disease to be a public health emergency of international of concern at January 2020 and declared covid-19 as a pandemic in March 2020. A serious healthcare crisis is currently affecting all of humanity, thanks to the unusual COVID-19 epidemic affecting people in the century 21. A pandemic is characterized as "a disease spreading throughout the globe, or across an extremely large region, transcending international frontiers, and typically impacting a significant amount of persons," to put it another way. But this is not the first time that a pandemic has affected humanity. Many pandemics have emerged and been treated throughout the past century, such as the swine flu, the Middle East respiratory syndrome (MERS), the Middle East severe acute respiratory syndrome (SARS), and others. In addition to inflicting mortality and physical morbidities, there is evidence that the epidemic

contributes to serious mental health problems, including as post-traumatic stress disorder [1-6].

Since the pandemic of coronavirus illness in 2019 first erupted in Wuhan, China, at the beginning of December 2019, it has profoundly altered people's lives all around the world. The financial, economic, and Low-, middle-, and high-income countries' healthcare systems have all been significantly impacted by the cost of illness and the fatality rate it has produced. Lockdowns and hardship caused by COVID-19 at the communal and household levels have significantly affected people's life. [7-9]

Although COVID-19 only has a low mortality of about 3%, it is highly transmissible, and the primary way that SARS-CoV-2 is conveyed is by respiratory secretions. The World Health Organization (WHO) declared on January 30, 2020, the epidemic a Public Health Emergency of International Concern (PHEIC) [10,11]. It has a five to six day incubation period and spreads by fomites, aerosol droplets, and human contact (ranges from 1 to 14 days). The general public is fearful due to the virus's high rate of infection and the related death and morbidity, which has led to social breakdown, mass hysteria, and a perpetual state of dread [12-16].

COVID-19 symptoms include gustatory dysfunction, sore throat, and tachypnea, shortness of breath, asthenia, headache, rhinorrhea, fever, and dry cough. Additionally, even if some patients have no symptoms, others may experience a deadly clinical deterioration. If the infection is more severe, it may result in kidney failure, acute respiratory syndrome, pneumonia and even death. A wide range of clinical symptoms, including asymptomatic, mild symptoms, pneumonia, severe pneumonia, ARDS, sepsis, and septic shock, can be present in COVID-19 patients [17].

There is simply no denying the psychological and emotional effects. People are quite worried about it because of how it emerged and is spreading, which raises their anxiety levels. COVID-19 patients, both suspected and confirmed, encounter a variety of mental experiences, such as anxiety of the effects of serious sickness and its transmission, solitude, rejection, worry due to uncertainty about their state of health, depression, insomnia, obsessive compulsive symptoms, hopelessness and suicide. Poor information of COVID-19 and extraordinary news cause worry and fear in the community [18, 19].

By now, it has mostly been confirmed all throughout the world that the COVID-19 epidemic is contributing to an increase in mental illness problems. Examined the effects of isolation on mental health following non-pharmaceutical preventive treatments, include quarantine, discovered depression, anxiety, sleeplessness, and mood disorders. A handful of the numerous stresses that the COVID-19 has been linked to mental health problems. in the general population. The patient's concern about illness, financial hardship, a shortage of resources, and stigma are their top concerns. Attempted suicides among COVID-19 patients are also recorded in addition to what is already known. [20-28]

COVID-19's effects on patients' psychological health and chances of spreading the virus to their loved ones, as well as their isolation and separation from family members, are also major causes for concern. All of these things can make people more likely to experience stress, worry, insomnia, and anger.

Anxiety, loneliness, guilt, and the accompanying insomnia can also have an impact on the mental health of humans and ability to make decisions [29]. The pressing necessity to change to new ways of living and alterations in daily routines may cause worry. In addition, sadness or even grief for the loss of family or friends due to COVID 19 may heighten state of vigilance and negatively impact mental health. People are looking for new ways to cope with worry since it can be difficult to pinpoint the genuine problems and may interfere with making the best choices when they are most required [30, 31].

Stress and other emotions might impair a patient's immune system, which is another issue. The results of worry on a patient's quality of life and psychological health can be severe. While feeling good and reasonably strong and being competent to perform one's career and other responsibilities successfully are considered to be two components of well-being. Well-being has both psychological and emotional components. In terms of psychological well-being, it entails self-reflexive reflection and evaluation of person's own life. While positive emotions like stability, joy, and contentment that enhance your life are more important for emotional well-being. Living properly is essential to psychological well-being, according to Huppert's summary. It consists of having a positive attitude and performing well. Therefore, by definition, those with high psychological wellbeing express feelings content, capable, well-supported, and so forth; research also suggests that those with high psychological wellbeing also have better physical health, which may be mediated by genetic factors, brain activation patterns, and neurochemical and neurotransmitter effects [32-36].

Concern and worry have a detrimental effect on functional limits and quality of life in relation to health. So instead of burying worries and concerns, talk to a family member, therapist, or doctor. Sharing worries may not completely alleviate them, but it will provide a safe space for expression and the chance to get encouragement and validation [37-38]. The majority of Health Care Workers (HCWs) working on the front lines of healthcare systems, according to the World Health Organization, are nurses. As a result, the nursing profession is dealing with this serious condition in a variety of care scenarios. And immediate attention is needed for these patients' psychological experiences. Therefore, the nurse's responsibility to those patients is to enhance psychological wellness in order to lower anxiety levels, improve patient condition without any relapse or complications, and maintain patient safety. The study's objective is to evaluate the relationship between patients with the COVID 19 pandemic's psychological wellness and their anxieties and concerns [39, 40].

Significance of the study:

These patients' psychological experiences with COVID 19 needs immediate attention because those patients have many worries and concerns. So, the role of nurse toward those patients is determine types and severity of worries and concerns to improve psychological wellbeing to decrease level of worries and concerns and improve patient condition without any relapse or complication. Therefore, the primary caregivers for patients with COVID-19 (such as nurses, family doctors, and respiratory therapists) should actively participate in

identifying the effects of COVID-19 by using basic psychological screening instruments. Patients with heightened symptoms should be periodically checked on and, if necessary, referred to a psychologist or psychiatrist for additional care. In dealing with patients who have respiratory disorders and concomitant depression and anxiety, tracing loneliness and treating patients promptly are critical goals. Importantly, it's crucial to lessen recurrent feelings of isolation and to promote positive attitudes in order to protect against the effects of hopelessness and self-harm.

Aim of the study

The aim of this study is to:

This study aimed to explore the relation between worries, concerns and psychological wellbeing of patients with COVID-19 pandemic.

Research question:

Assess the relation between worries, concerns and psychological wellbeing of patients with COVID-19 pandemic.

Subjects and Method

Research design:

A descriptive correlation research design was utilized in the current study.

Setting:

The study was conducted at the inpatient quarantine department of Elmenshawy General Hospital which affiliated to ministry of health and provide services 24\7 week and specified to quarantine of COVID-19. The capacity of the quarantine department is 100 beds divided into 50 beds for men and 50 beds for women.

Subjects:

A convenience sample of 250 patients diagnosed with covid 19 was recruited from target population 850. The sample size was calculated using Epi-Info software statistical package. The criteria used for sample size calculation were as follows: 95% confidence level and expected outcome is 65% with margin of error: 5% and total number of patients are 248/ 4 months. The sample size based on the previously mentioned criteria should be N >248. But the sample size will increased to 250 patients to increase reliability of the study results.

Tools of the study: The data was collected by using the following three tools:

Tool I: Socio-demographic and Clinical Data Structured interview: It was developed by researcher that includes:

Bio-Socio-demographic characteristics such as age, sex, occupation, level of education, marital status, place of residence and income, length of hospitalization , number of previous hospitalizations, duration of the illness, and mode of admission.

Tool II: Ryff's Scales of Psychological Well-Being: The scale was developed by Ryff, (1989) [33,41]. It is used to evaluate psychological wellbeing of adults. The scale consists of 54 items rated on a 3-point Likert scale (ranging from 1 strongly disagree to 3 strongly agree). It consists of six subscales which include:

1- Autonomy (9 items) e.g. "I have confidence in my opinions, even if contrary to the general consensus".

2- Environmental Mastery (9 items) e.g. "In general, I feel I am in charge of the situation in which I live".

3- The Personal Growth (9 items) e.g. “I think it is important to have new experiences that challenge how you think about yourself and the world”.

4- The Positive Relations with others (9 items) e.g. “People would describe me as a giving person, willing to share my time with others.

5- The Purpose in Life (9 items) e.g. “Some people wander aimlessly through life, but I am not one of them”.

6- The Self-Acceptance (9 items) e.g. “I like most aspects of my personality”.

Scoring system:

Total scores ranged from 54 to 162, where higher scores indicated a stronger sense of psychological wellbeing.

- Low psychological wellbeing: (<50%)
- Moderate psychological wellbeing: (50%-75%)
- Strong psychological wellbeing: (>75 %)

Tool III: Worries and concerns of patients with COVID-19.

This questionnaire was developed by the researcher after extensive review of related literature to assess worries and concerns of covid patients. It consists of 33 items as **"** I am afraid, after I am discharged from the hospital, I cannot continue my life as normal **",“** I feel depressed and anxious in hospital isolation**"**.

The score for each item will be calculated as follows: always was scored "three", sometimes was scored "two" and never was scored "one". These scores were summed up and the total score was converted into a percent score.

Scoring system:

Total score ranged from 33 to 99 where the higher score indicates a greater degree of worries and concerns of covid patients.

- < 50 % indicates low degree of worries and concerns.

- 75 % indicate moderate degree of worries and concerns.

- >75 % indicate high degree of worries and concerns.

Method

The study was accomplished according to the following steps:

1- An official letter was addressed from the dean of faculty of nursing to director of Elmenshawy General Hospital as a researcher works in this setting to request their permission and cooperation for data collection.

2- Ethical consideration:

- Approval of the ethical committee from the faculty of nursing was obtained.
- Informed consent was obtained from the participants after explanation of the purpose of the study.
- The participants were reassured about the confidentiality and privacy of their obtained information and a code of number was used instead of names.
- Respecting the right of the participants to withdraw at any time during the data collection period.

3- Tools were translated into Arabic language by the researcher. A jury composed of five experts in psychiatric nursing was examined the content validity of the study tools.

4- Tools of the study were tested for reliability using tested for reliability using

Cronbach's alpha test and found to be 0,785 and 0,873 respectively for tool 2, and tool 3 which represented highly reliable tools.

5- A pilot study was carried out on 10%of patients with COVID 19 who was selected randomly to ensure the clarity and applicability of the study tools and to estimate the approximate time required for interviewing the participants as well as to find out any problem or obstacle during data collection. Those patients were excluded later from the actual study. After its implementation and according to its results the necessary modification was done accordingly.

6. Data collection procedure:

-After obtaining the permission to conduct the research from the required authorities, the researcher reviewed the patients' records and selected patients.

-The researcher was select the study subjects who met the inclusion criteria then, clinical data was double checked by reviewing patient record. Each patient was interviewed by the researcher on individual basis, through interviewing technique and gone through the study tools.

-These patients were invited to participate in the study after being informed of the nature of the study, and the researcher collected the data through face-to-face interview with each patient on an individual basis to assess the level of worries and concerns, the level of psychological wellbeing.

- The researcher met the patients within range of 5 days per week, the number of the patients every day range from 4 to 8 patients and the time required to complete the data collection sheet ranged from 20 to 30 minute according to condition of the patient, tolerability to answer the questions and presenting symptoms. The duration of data collection was four months, starting from 1st July to the end of October 2021.

Statistical analysis:

The collected data were organized, tabulated and statistically analyzed using SPSS software statistical computer package version 26. For quantitative data, the range, mean and standard deviation were calculated. For qualitative data, comparison was done using Chi-square test ($\chi 2$).

Results:

Table 1 clarifies the socio demographic characteristics of studied patients. Regarding the age of this study presents one third of patients (36.4%) 40 to 50 and (13.6%) aged 20 to 30 with rang 25-55 and Mean±SD 42.4±9.902 . In relation to gender the results showed that two third of the subjects (54.8%) were female and (45.2%) was male, while in relation to marital status the results showed that more than half (66.4%) of the subjects were married, and minority of them (5.6%) were divorced. Regarding to length of hospitalization of this study presents more than half of patients (53.2%) hospitalized from 5-10 days and less than quarter of the patients hospitalized from less than 5 days with rang 1-16 and Mean±SD 7.364±3.292.

Table 2 shows the studied patients in relation to psychological wellbeing. It was obvious that more than half of the subjects (55.6%) have high level of autonomy with range 11 to 26 and Mean+SD 17. 244±4.213. It was found that more than half of the subjects (60.8%) have average with environmental mastery , while less than quarter of the subjects (14%) have high

level of environmental mastery with range 10 to 25 and Mean+SD 16.328±3.424. It was found that the majority of the subjects (76%) have high level of personal growth, while less than quarter of the subjects (22%) have average with personal growth with range 13 to 27 and Mean+SD 22.120±3.698. It was found that the majority of the subjects (70.80%) have average with positive relations; on the other hand it was found that less than quarter of the subjects (10%) has high level of positive relations with range 11 to 27 and Mean+SD 17.040±3.425. It was obevious that more than half of the subjects (71.60%) have average with purpose in life and more than quarter of the subjects have high level of purpose in life (26.40%), while the minority of the subjects (2%) have weak level of purpose in life with range 13 to 27 and Mean+SD 17.980±3.414. It was found that less than half of the subjects (48.80%) have average with purpose in life, while more than quarter of the subjects (34.80%) have high level of self-acceptance with range 9 to 27 and Mean+SD 18.108±4.906.

Figure 1 represents the distribution of studied patients in relation to worries and concerns. It was obvious that the majority of the subjects (74.80%) have high level of worries and concerns , while the quarter of the subjects (25.20%) have average with worries and concerns with range 62 to 84 and Mean+SD 76.480±4.557.

Figure 2 represents the distribution of studied patients in relation to psychological well-being. It was obvious that the majority of the subjects (78%) have moderate psychological well-being. While the minority of the subjects (5%) have high psychological well-being.

Table 3 shows relation between socio demographic data of studied patients and worries and concerns. The table illustrates that more than the quarter of the studied patients N (91) aged from 40 to 50 have not statistical significance relation with worries and concerns in which p-value 0.613. It also illustrate that more than half of the studied patients N (166) who are married have not statistical significance relation with worries and concerns in which p-value 0.403. also it shows that more than quarter of the studied patients N (93) who are graduated from secondary or preparatory school have statistical significance relation with worries and concerns in which p- value <0.001* and more than half of the studied patients N (133) who are stayed at hospital from 5 to 10 days have statistical significance relation with worries and concerns in which p-value 0.05* ,while there is no statistical significance relation between income and worries and concerns in which p-value 0.183.

Table 4 shows correlation between psychological wellbeing items and worries and concerns of studied patients. There is a statistical significance relation between worries and concern and autonomy in which p-value <0.001. Also, there is a statistical significance relation between worries and concern and personal growth in which p value <0.001. While there is no statistical significance relation between worries and concern and environmental mastery in which p-value 0.602.

Table 5 illustrates the regression relation between worries and concerns and psychological wellbeing. It was showed that whether studied patients have high level of autonomy, the level of worries and concerns decreased in which p-value <0.001. While when studied patients have high level of purpose in

life, it showed that there is no statistical significance relation with worries and concerns in which p-value 0.406.

Table 1: Distribution of the studied patients according to their socio-demographic characteristics

	No	%
Age		
20-<30	34	13.6
30- <40	61	24.4
40-<50	91	36.4
50-	64	25.6
Range	25-55	
Mean±SD	42.4±9.902	
Sex		
Male	113	45.2
Female	137	54.8
Marital status		
Married	166	66.4
Single	25	10.0
Widow	30	12.0
Separated	15	6.0
Divorced	14	5.6
Residence		
Urban	109	43.6
Rural	141	56.4
Level of Education		
Illiterate/ read &write	40	16.0
Primary	21	8.4
Secondary/ preparatory	93	37.2
University	85	34.0
Diploma , master's , PhD	11	4.4
Occupation		
Employed	172	68.8
Unemployed	78	31.2
Income		
Enough	145	58.0
Not enough	105	42.0
Number of previous hospitalization		
0	81	32.4
1	50	20.0
2	76	30.4
3	35	14.0
4	5	2.0
5	3	1.2
The current method of admission		
by your will	250	100.0
length of hospitalization days		
<5	42	16.8
5-10.	133	53.2
>10	75	30.0
Range	1-16	
Mean±SD	7.364±3.292	
Duration of the illness		
<5	23	9.2

5-10.	85	34.0
10-15.	112	44.8
>15.	30	12.0
Range	1-20	
Mean±SD	10.076±4.102	

Table 2: Distribution of studied patients according to psychological wellbeing

	Autonomy		Score	
	No	%	Range	Mean+SD
Weak	51	20.4	11-26.	17.244±4.213
Average	139	55.6		
High	60	24		
Total	100	100		
	Environmental mastery		Score	
	No	%	Range	Mean+SD
Weak	63	25.2	10-25.	16.328±3.424
Average	152	60.8		
High	35	14		
Total	100	100		
	Personal growth		Score	
	No	%	Range	Mean+SD
Weak	5	2	13-27.	22.120±3.698
Average	55	22		
High	190	76		
Total	100	100		
	Positive relations		Score	
	No	%	Range	Mean+SD
Weak	48	19.20	11-27.	17.040±3.425
Average	177	70.80		
High	25	10.00		
Total	100	100.00		
	Purpose in life		Score	
	No	%	Range	Mean+SD
Weak	5	2.00	13-27.	17.980±3.414
Average	179	71.60		
High	66	26.40		
Total	100	100.00		
	Self-acceptance		Score	
	No	%	Range	Mean+SD
Weak	41	16.40	9-27.	18.108±4.906
Average	122	48.80		
High	87	34.80		
Total	100	100.00		

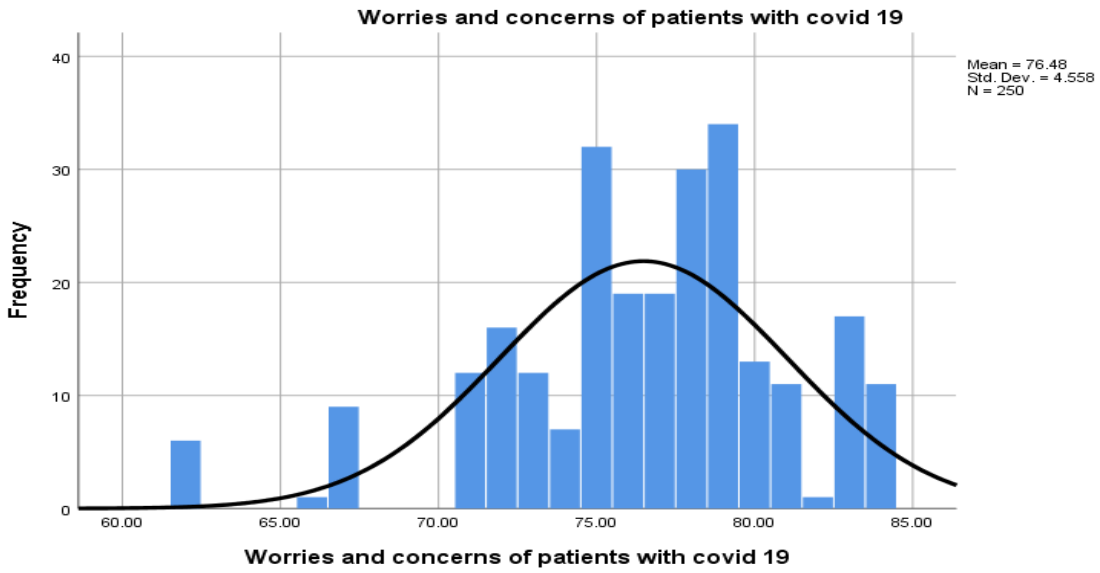

Figure 1 Distribution of studied patients according to worries and concerns

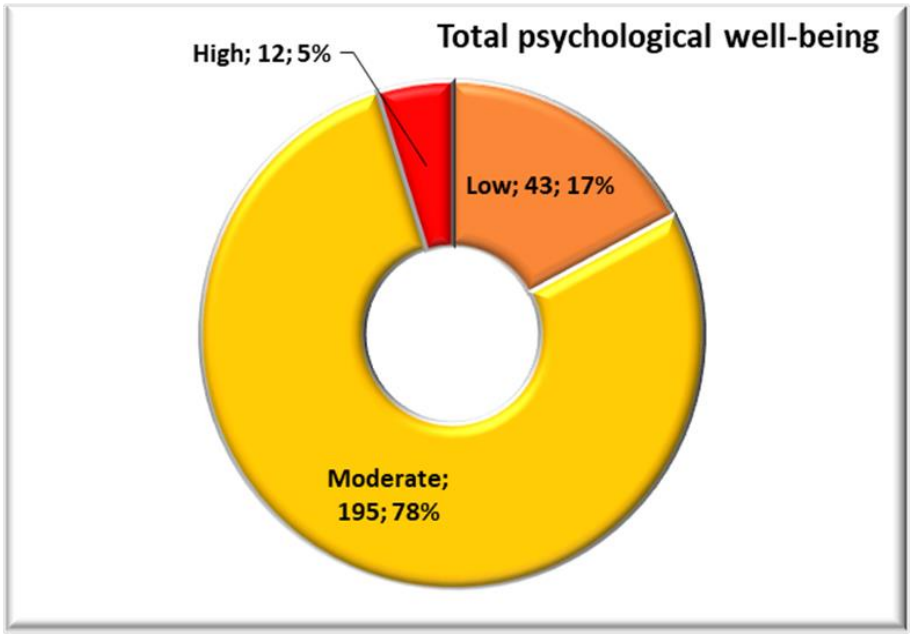

Figure 2: Distribution of the studied patients according psychological well-being

Table 3: Relation between socio demographic data of studied patients and worries and concerns

Demographic data		No	Worries and concerns of patients with covid 19	For T	ANOVA or T-test	
			Mean ± SD		test value	P-value
Age	20-<30	34	76.853 ± 3.718	F	0.604	0.613
	30- <40	61	77.033 ± 3.937			
	40-<50	91	76.231 ± 5.114			
	50-	64	76.109 ± 4.704			
Gender	Male	113	76.274 ± 4.491	T	-0.647	0.518
	Female	137	76.650 ± 4.622			
Marital status	Married	166	76.331 ± 5.217	F	1.009	0.403
	Single	25	76.280 ± 3.285			
	Widow	30	77.867 ± 3.126			
	Separated	15	76.800 ± 1.521			
	Divorced	14	75.286 ± 1.326			
Residence	Urban	109	75.725 ± 5.407	T	-2.324	0.021
	Rural	141	77.064 ± 3.688			
Level of Education	Illiterate/ read &write	40	74.100 ± 6.621	F	11.412	<0.001*
	Primary	21	72.286 ± 3.101			
	Secondary/ preparatory	93	77.527 ± 3.858			
	University	85	77.600 ± 3.321			
	Others	11	75.636 ± 4.032			
Occupation	Employed	172	77.000 ± 3.667	T	2.713	0.007*
	Unemployed	78	75.333 ± 5.947			
Income	Enough	145	76.807 ± 3.839	T	1.335	0.183
	Not enough	105	76.029 ± 5.382			
length of hospitalization	<5	42	75.167 ± 5.146	F	2.991	0.05*
	5-10.	133	76.436 ± 4.186			
	>10	75	77.293 ± 4.724			
Duration of the illness	<5	23	74.913 ± 5.178	F	2.024	0.111
	5-10.	85	76.141 ± 4.181			
	10-15.	112	77.170 ± 4.843			
	>15.	30	76.067 ± 3.648			

Table 4: Correlation between psychological wellbeing items and worries and concerns of studied patients

Correlations	Worries and concerns of patients with covid 19	
	R	P-value
Autonomy	-0.324	<0.001*
Environmental mastery	-0.033	0.602
Personal growth	-0.407	<0.001*
Positive relations	-0.038	0.553
Purpose in life	-0.184	0.004*
Self-acceptance	-0.212	0.001*

Table 5: Regression model between worries and concerns and psychological wellbeing

Regression	Unstandardized Coefficients		Standardized Coefficients	T-test		ANOVA		R^2
	B	SE	Beta	T	P-value	F	P-value	
(Constant)	93.071	4.041		23.033	<0.001*	15.153	<0.001*	27.2%
Autonomy	-0.428	0.112	-0.251	-3.814	<0.001*			
Environmental mastery	0.288	0.135	0.143	2.131	0.034			
Personal growth	-0.655	0.106	-0.404	-6.172	<0.001*			
Positive relations	0.164	0.117	0.085	1.397	0.164			
Purpose in life	0.104	0.125	0.055	0.833	0.406			
Self-acceptance	-0.380	0.112	-0.210	-3.392	0.001*			
Dependent Variable: Worries and concerns of patients with covid 19								

Discussion

The COVID-19 epidemic has provided a significant lesson for the entire human race. It dealt a serious blow to the global healthcare system and had an impact on millions of individuals. Since the highly high infectivity rate of COVID-19, there is a great deal of anxiety and panic connected with contracting the disease. As a result, the epidemic has resulted in severe limitations on people's freedom of movement and the lockdown of nearly all nations worldwide, among other things. Globally widespread issues brought on by the pandemic are expected to have a negative impact on mental health and general wellbeing. The issues are numerous and include the impacts of social and physical isolation brought on by the epidemic, dread of one's own illness or death, fear of the illness or death of a loved one, anxieties related to job loss. The hardest thing to deal with for many people is the ambiguity surrounding coronavirus. There is still uncertainty among the public over how exactly they would be affected, how long this will endure, and how terrible things could go. And that makes it far too simple to catastrophize and descend into paralyzing fear and panic [42,43].

The effectiveness of intervention options is increased when people who are in the early stages of a psychiatric disorder are identified. Psychological changes were brought on by health catastrophes like the COVID-19 epidemic in both civilians and medical professionals, and these changes are sparked by dread, anxiety, despair, or insecurity. Everyone in a society is significantly impacted by nervousness and anxiety. According to recent research, those who are placed in isolation and quarantine exhibit considerable levels of stress, rage, anxiety, and disorientation [44].

In the current study, it was discovered that more than half of the subjects have high level of autonomy and personal growth, while less than quarter of the subjects have high level of environmental mastery, on the other hand it was found that less than quarter of the subjects have high level of positive relations. It was discovered that most of the subjects have high level of worries and concerns, while the quarters of the subjects have average with worries and concerns. Majority of the subjects (78%) have moderate psychological well-being, near the half had low psychological wellbeing while; the minority of the subjects have high psychological well-being according to the findings. This could be owing to the fact that, most of studied patients expressed fear from death in the in the isolation unit because of increase mortality rate around them, and did not have the confidence that would enable them to have more control over their lives in addition to the stigma from disease. In the harmony with the current result **Silva et al.** [45] who reported that that individuals are reacting to the pandemic with the recognition of the presence of negative changes in their psychological well-being, especially for those who already relate more negatively to the idea of their own deaths. Also similar to the result of **Khan et al.** [46] who revealed that The prevalence of poor psychological well-being was 41.2%.

Regarding worries and concerns. It was obvious that the majority of the sample have high level of worries and concerns, while the quarters of the sample have average with worries and concerns. To our knowledge this is the first study assessed the correlations between worries and concerns and demographic data among covid 19 patients. But this result can be explained as worries and concerns correlated

with higher level of education which associated with more knowledge about the burden and danger of COVID 19 pandemic. Also, the type of occupation related with worries and concerns, as those dealing with public or patients like health care workers were more prone to get infected. As well the length of hospitalization was correlated with the severity of the condition which increases the worries and concerns about the advance of COVID 19.

The study by **Bou-Hamad et al.** [47] showed that Health worries during the COVID-19 pandemic were significantly correlated with gender, education; children and being retired but age and marital status were not significantly correlated with Health worries. Also, the correlation between psychological well-being items and worries and concerns of studied patients, showed that there is a statistical significant relation between worries and concern and autonomy in which p-value <0.001. Also, there is a statistical significance relation between worries and concern and personal growth in which p value <0.001. While there is no statistical significance relation between worries and concern and environmental mastery in which p-value 0.602. Because of self-confidence, it enhances sense of self-acceptance and helps a person to overcome his fear.

Using regression analysis between worries and concerns and psychological wellbeing. It was showed that whether studied patients have high level of autonomy, the level of worries and concerns decreased in which p-value <0.001 this is due to the ability to overcome problems and managing the situations. While when studied patients have high level of purpose in life, it showed that there is no statistical significance relation with worries and concerns in which p-value 0.406.

Furthermore, **Bou-Hamad et al.** [47] Age and having children were found in regression analysis to be significant predictors of the good practice (p 0.05). Both variables show positive coefficients, and the youth group is used as the reference group for age. This demonstrates that older adults and people with children had better COVID-19 practices than young people and those without children, respectively. After accounting for the other socio-demographic factors, older folks are 3.13 times more probable to be positive practices than young people, and those with children are 3.18 times more likely to have them than those without.

Khan et al. [46] indicated that the frequency of poor well-being among the general Pakistani population was high (41.2%). Additionally, they looked into factors such as unemployment, feminine gender, residence, fear, chronic illness, and absence of coping strategies. Also, the systematic review and meta-analysis by **Salari et al.** [44] indicated that COVID-19 resulted in a multitude of psychiatric illnesses in addition to physical health issues. People's mental health may be impacted by the new coronavirus's spread in many places.

Furthermore, **Silva et al.** [45] conclude that people are responding to the pandemic especially for those who already have a more negative relationship with the thought of their own deaths, by acknowledging the existence of negative alterations in their psychological health. This demonstrates how people are responding to the pandemic by acknowledging these changes to their psychological health. **Zhou et al.** [48] concluded that adolescents frequently experience psychological health issues, and these issues are inversely correlated with COVID-19 awareness.

Conclusion

According to the results of the current study, it can be concluded that more than half of the subjects have high level of autonomy. It was found that the majority of the subjects have high level of personal growth; it was found that less than quarters of the subjects have high level of positive relations. It was obvious that more than quarter of the subjects have high level of purpose in life. It was obvious that the majority of the subjects have high level of worries and concerns. Correlation between psychological wellbeing items and worries and concerns of studied patients shows that there is a statistical significance relation between worries and concern and autonomy. Also there is a statistical significance relation between worries and concern and personal growth. While there is no statistical significance relation between worries and concern and environmental mastery.

Recommendations

Based on the results of the present study, the following recommendations were suggested:

Recommendations for the mental health nurses:

- A priority intervention to decrease worries and concerns of patients with covid 19 is essential to improve their psychological wellbeing.
- Patients with covid 19 are in need of a rehabilitation model that encourages their psychological wellbeing.
- Develop psychological rehabilitation programs to patients with covid 19.

Recommendations for families and the community:

-There is a great need to establish programs for the families to increase their understanding of the nature of covid 19 and its effect on psychological wellbeing and their support for their patients.

-Inclusion family in treatment planning to improve their support to patients and decrease their worries and concerns as a result improve psychological wellbeing and their recovery.

-Rehabilitation centers should be broadened in general and private hospitals to improve patients' psychological wellbeing.

Recommendations for future research:

- Further research on developing programs that are needed for a better understanding of relations between worries, concerns and psychological wellbeing of patients with covid 19.
- Implementation of research project on patient with covid 19 to decreasing their worries and concerns**.**

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