



## Covid-19 pandemic: Psychosocial effect among physical and health education staff in Kogi State Nigeria

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### ABSTRACT

Fear and anxiety have always been a negative affect in performance and job settings, especially when there are external pressures. The Corona virus-19, took the world by surprise just when everybody was enthusiastic about the long-expected year 2020. Movements were restricted, offices, businesses, and public places shut down with imposed curfews allowing only “essential workers” do their jobs. These, invariably affected the way work and associations would later become even after the lockdown. The study aimed to know whether the psychosocial effect of COVID-19 (fear and anxiety) affect physical and health education staff of Kogi State Nigeria. Descriptive survey method was adopted for the research. 200 respondents (male & female) that included physical and health education staff (350) from all higher institutions in Kogi state were part of the study. The average age of respondents was 48.5years. The Fear of COVID-19 Scale (FCV-19S) ( $\alpha = .74$ ) and the Corona Virus Anxiety Scale ( $\alpha = .82$ ) was used to collect data. Descriptive statistics of frequency counts, means and percentages were used to analyze data. It is concluded that physical and health education staff in Kogi State do not experience anxiety and fear due to COVID-19. A limitation encountered was most respondents feared been stigmatized with COVID as was the case at the time. It is significant in the sense that employees are greatly influenced by the views of their employer. Further research should be on the attitude of physical and health educators in Kogi State Nigeria to work during COVID-19 pandemic.

**Keywords:** Anxiety; covid-19; fear; pandemic; psychosocial effect

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## INTRODUCTION

In addition to triggering economic collapse in several nations, including Nigeria, the epidemic of the contagious disease corona virus (COVID-19) has resulted in the loss of lives and property. The pandemic epidemic in Nigeria has caused widespread dread and worry, which has forced the closure of numerous industries there. Despite the governor of Kogi state's assertions that the state was free of the epidemic and that all reports were false (Onyeji, 2020; Premium Times, 2020) Schools and other industries were closed in 2020 in an effort to stop the spread. Due to their concerns about getting the corona virus sickness, staff, and students in Kogi State began to practice social withdrawal. The use of nose mask/face mask and sanitizer was enforced and made mandatory for all staff in Kogi State tertiary institutions.

The coronavirus disease of 2019 (COVID-19), according to [WHO \(2020\)](#), is a severe health, financial, and social emergency. Since then, the illness has spread over the globe, causing an ongoing pandemic. Previous pandemic epidemics like SARS and H1N1 influenza have also demonstrated similarities in terms of fear of transmission, isolation, dissatisfaction over insufficient palliative remedies, decreased social contact, and a change in routine ([Brooks et al., 2020](#); [Diciano et al., 2021](#); [Wheaton et al., 2012](#)). Additionally, it was discovered that adaptive physical education teachers had numerous challenges that lowered their motivation for learning ([Sari et al., 2021](#)). A new virus outbreak occurred in Wuhan, a major business district in China, before the end of the year. It claimed over 1800 lives and infected over 70000 people in just 50 days ([Shereen et al., 2020](#)). Tiredness, a dry cough, and a loss of taste and smell are some of the symptoms of COVID-19 ([Wang et al., 2020](#)). By March 2020, covid-19 has rapidly spread over the world, causing over 294,110 infections and roughly 13,000 fatalities in over 180 nations ([Cucinotta & Vanelli, 2020](#)). Corona virus 2019 (COVID-19) is the name of the ailment ([Cui et al., 2019](#)). In order to create preventive measures to reduce COVID-19 infection, it was crucial to research the origin and spread of the disease.

The closure of schools, markets, and workplaces in order to manage COVID-19 had a significant influence on people's personal and social lives, causing them to experience uncertainty, a sense of loss in terms of self-work, meaning, and drive ([Williams et al., 2020](#)). Lockdown, isolation, quarantine, social separation, work closure and partial reopening, among other measures, had a negative impact on people's health, particularly workers ([Brooks et al., 2020](#)). Workers' occupational health and mental health must always be taken into account. Workplace health is concerned with the health and safety of workers (employees), with the goal of reducing the impact of occupational stressors on workers' physical and mental health ([Schonfeld & Chang, 2016](#)). As a result of the COVID-19 epidemic, it was critical to assess its impact on staff occupational health, particularly at Kogi State tertiary institutions. Fear, worry, and diminished social interactions must have had an impact on staff's relationship with their academic life both before and after the pandemic.

Psychosocial characteristics involves the interpersonal psychological and environmental aspects. It is the psychological development in relation to a person's social and cultural environment ([Adegbesan et al., 2019](#)). The psychosocial theory deals with change in self-understanding, social relationships and ones relationship to the society throughout life ([Newman & Newman, 2020](#)). For the purpose of this research, fear and anxiety were the psychosocial variables studied.

Fear is an emotion that arises in response to perceived threat and results in physiological and behavioral changes ([Adolphs, 2013](#)). Fear is induced by an event or stimuli viewed as harmful. It's a reaction to perceived rage. Anxiety, which is the response to an unmanageable or unpredictable event, is closely related to fear. Fear, particularly during the COVID-19 epidemic, is persistent and unpredictable, potentially making it a burden. Fear has negative societal and individual consequences, including anxiety, phobia, and panic buying, among others ([Mertens et al., 2020](#)). Lack of adequate fear may also result in harm to both individuals and society ([Mertens et al., 2020](#)), due to disregard for policies put in place by the government to contain the COVID-19 outbreak, as is still the situation in the majority of Nigerian states. Additionally, it raises concerns about safety among society's citizens ([Engelhard et al., 2015](#)). Since COVID-19 was found in December of that year people were becoming more fearful and concerned about the infection ([McCarthy et al., 2020](#)).

The possibility of misinterpreting common bodily symptoms and believing that one is developing a major illness when there isn't one is known as health anxiety (Abramowitz et al., 2007). Research has suggested that fear of COVID-19 might boost health anxiety, just as it did for the "swine flu" pandemic of 2012 and the "Zika virus" of 2015 (Blakey & Abramowitz, 2017; Wheaton et al., 2012). Depending on how a person interprets and perceives stimuli, anxiety might affect performance (Judge et al., 2016). However, some bodily arousal and anxiety is beneficial and helps people get ready for competition (Hardy & Hutchinson, 2007).

Fear and worry have long been thought to have a negative impact on performance and job performance, particularly when there is uncertainty or external constraints. The Corona virus-19 caught everyone off guard just as everyone was getting excited for the long-awaited year 2020. Movement was restricted, offices, shops, and public places were closed, and curfews were set, enticing only "necessary workers" to accomplish their jobs. All of this had an impact on how work and associations would evolve following the shutdown. Curfews were lifted, and socializing became a risky endeavor, as everyone became a "suspect" (carrying the virus).

Previous pandemic outbreaks, most recently the H1N1 and SARS viruses in 2009 and 2014, were all marked by grief, anxiety, apprehension, and terror. One concerning mode of COVID-19 transmission was through intimate contact and groups, which is unique to Nigerians. Based on these findings, the researchers intended to investigate the psychosocial impact of COVID-19 on job performance among physical and health education staff in Kogi State Nigeria.

## METHOD

The descriptive survey research approach was used for the study. The overall number of physical and health education personnel in the state was 350 (171 females and 179 males). The survey includes 200 respondents (both male and female) from all institutions in the state. The sample was selected in two steps. The fish-bowl method with replacement was employed in the first stage to select four institutions out of seven. In the second step, 200 respondents (50 per school) were purposefully chosen but assigned at random. To collect data for the study, two instruments were used. The first was the Fear of COVID-19 Scale (FCV-19S) (Ahorsu et al., 2020). The Fear of COVID-19 Scale (FCV-19S) is a 7-item standardized instrument with internal consistency ( $\alpha = .82$ ) was used. FCV-19S was revalidated with a value of ( $\alpha = .74$ ). The second instrument, the Corona Virus Anxiety Scale ( $\alpha = .83$ ) (Lee, 2020). The Corona Virus Anxiety Scale which is a 5-item questionnaire, a self-report mental health screener of dysfunctional anxiety associated with corona virus crises. 5 trained research assistants were part of the study. Between November and December 2021, data was gathered. Data were analyzed using descriptive statistics, such as frequency counts, averages, and percentages. The study's goals and objectives were explained to the respondents, who were also assured of confidentiality and that the use of their responses was solely for research.

## RESULTS AND DISCUSSION

**Table 1. Demographic Distribution of Respondents**

Item	Variable	N	%	Mean
Sex	Male	87	43.5%	
	Female	123	61.5%	
Age (Years)	21-30	8	4%	

Item	Variable	N	%	Mean
	31-40	26	13%	48.5 Years
	41-50	100	50%	
	51-60	30	15%	
	61-70	36	18%	
<b>Religious Belief</b>	Atheist	6	3%	
	Christianity	95	47.5%	
	Islam	73	36.5%	
	Traditionalist	26	13%	

Table 1 shows that there were more females (123) than males (87). Most of the respondents were over 40 years old. The average age of the respondents is 48.5 years old. Also, most respondents were either Christians (95) or Moslems (73).

**Table 2. Physical and health education staff of Kogi state experience anxiety due to covid-19**

Items	Not at all	Rare, less than a day or two	Several days	More than 7 days	Nearly every day over the last 2 week	Mean	St.D
I felt dizzy, lightheaded, or faint, when I read or listened to news about the coronavirus.	140 70%	58 29%	2 1%	0 0%	0 0%	1.31	.48
I had trouble falling or staying asleep because I was thinking about the coronavirus.	150 75%	38 19%	12 6%	0 0%	0 0%	1.31	.57
I felt paralyzed or frozen when I thought about or was exposed to information about the coronavirus	164 82%	30 15%	6 3%	0 0%	0 0%	1.21	.47
I lost interest in eating when I thought about or was exposed to information about the coronavirus	176 88%	16 8%	2 1%	6 3%	0 0%	1.19	.59
I felt nauseous or had stomach problems when I thought about or was exposed to information about the coronavirus.	162 81%	38 19%	0 0%	0 0%	0 0%	1.19	.39
<b>Grand Mean</b>						1.24	

A grand mean of 1.24 in table 2, shows that physical and health education staff in Kogi State do not experience coronavirus anxiety.

**Table 3. Mean response of respondents on the fear of Covid-19**

Items	SA	A	N	D	SD	Mean	St.D
I am most afraid of Coronavirus	0 0%	14 7%	98 49%	88 44%	0 0%	2.63	.61
It makes me uncomfortable to think about Coronavirus	0 0%	8 4%	26 13%	154 77%	12 6%	2.15	.57
My hands become clammy when I think about Coronavirus	0 0%	0 0%	20 10%	146 73%	34 17%	1.93	.51
I am afraid of losing my life because of Coronavirus	0 0%	26 13%	46 23%	80 40%	48 24%	2.25	.96
When I watch news and stories about Coronavirus on social media, I become nervous or anxious.	0 0%	44 22%	22 11%	62 31%	72 36%	2.19	1.14
I cannot sleep because I'm worrying about getting Coronavirus.	0 0%	6 3%	6 3%	134 67%	54 27%	1.82	.62
My heart races or palpitates when I think about getting Coronavirus.	0 0%	2 1%	40 20%	138 69%	20 10%	2.12	.57
<b>Grand Mean</b>						2.15	

A grand mean of 2.15 indicates that physical education staff in Kogi State do not experience fear due to coronavirus. However, when asked "I am most afraid of Coronavirus" 56% (112) of them answer in the affirmative or are indifferent. Findings from the study shows that physical and health education staff in Kogi State do not experience anxiety due to Covid-19. This contradicts the findings of [Li et al, \(2020\)](#) who indicated that the crisis of covid-19, caused teachers to suffer problems that are often related to pandemic situation, such as anxiety, depression, domestic violence and divorce. It also contradicts UNESCO's study which identified confusion and stress among teachers as being one of the adverse consequences of covid-19 ([UNESCO, 2020](#)). Lack of imposed lockdown and the state governor not giving Covid-19 a priority and no prolonged lockdown in the state might have given room to this discrepancy ([BBC, 2021](#); [Premium Times, 2020](#)).

The study revealed that the fear of covid-19 was not existent among the physical and health education staff in Kogi State Nigeria. This contradicts the findings of [Ahorsu et al, \(2020\)](#) who found that covid-19 is viewed as a new, unknown, and out-of-control hazard, causing widespread panic across the global population. The conclusion also contradicts previous research in which participants have reported dread of infection, death, loss of a family member, and interaction with potentially contaminated others ([Brooks et al., 2020](#)). The low number of recorded cases (5) and deaths (2) may have contributed to the absence of fear of Covid-19 ([Onyeji, 2020](#)).

## CONCLUSION

The study concludes that physical and health education staff in Kogi State Nigeria do not experience neither anxiety due to covid-19, nor fear of covid-19. The lack of imposed curfews, closing of businesses, social gatherings as well as the low number of reported cases and deaths have greatly influenced the psyche of physical and health education staff in Kogi State Nigeria. Disparity of this research and other studies on COVID-19 was also caused by the lack of enthusiasm to get tested nor receive vaccinations by important actors in the state. Based on findings from the study, it is recommended that; although physical and health education staff in Kogi Nigeria do not experience the psychosocial effect of Covid-19, there should still be seminars on boosting their psychological make-up

against future pandemics. Also, there is still need for the school management to promote psychosocial resources by implementing interventions in reducing staff discomforts and strengthen their psyche, regardless of what others in the state feel concerning COVID-19. This work will be significant for further studies in that it showed the responses or access to respondents is greatly influenced by their employers or those in authority. It is also significant in that respondents know about the presence of COVID-19, practice preventive measures but are not afraid of the virus. Further research should be on the socio-economic effects of COVID-19 and attitude of physical and health educators in Kogi State Nigeria to work during COVID-19 pandemic since schools were not closed in the state as against a nationwide lockdown.

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