# **Research Paper: Investigating People's Anxieties and Concerns About COVID-19**



Mohammad Hossein Javadi<sup>1</sup>, Soraya Sayar<sup>2\*</sup>, Mohammad Sabzi Khoshnami<sup>1</sup>, Sara Noruzi<sup>1</sup>, Mahdokht Memaryan<sup>3,4</sup>, Tahereh Azari Arghun<sup>4,5</sup>, Farzaneh Yaghob<sup>4,6</sup>, Zahra Afshari<sup>3,4</sup>, Fatemeh Motiei<sup>1</sup>

1. Department of Social Work, School of Behavioral Science, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran.

- 2. Department of Sociology, Faculty of Management & Social Science, North Tehran Branch, Islamic Azad University, Tehran, Iran.
- 3. Department of Social Work, Faculty of Social Sciences, Allameh Tabatabai University, Tehran, Iran.
- 4. Social Work Office, Ministry of Health and Medical Education, Tehran, Iran.
- 5. Department of Educational Psychology, Faculty of Educational Sciences and Psychology, Alzahra University, Tehran, Iran.
- 6. Department of Sociology, Faculty of Social Science, Central Tehran Branch, Islamic Azad University, Tehran, Iran.



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# ABSTRACT

**Background:** In January 2020, the World Health Organization (WHO) declared the COVID-19's outbreak as an international public health emergency. In March 2020, WHO evaluation showed that COVID-19 could be considered a pandemic disease. Nowadays, the spread of COVID-19 threatens all aspects of human living conditions. In this regard, the objectives of this research are to investigate the anxieties and concerns of the Iranian people regarding the spread of COVID-19 in the initial months of its outbreak.

**Materials and Methods:** This study was conducted with a qualitative methodology employing the conventional content analysis method. Data of anxieties and concerns of the general population were collected through social workers working at university/ medical schools throughout the country, affiliated healthcare centers, hotline 190, and social networks. The data collection process was saturated with 2920 theoretical data from February 27, 2020, to April 3, 2020.

**Results:** Anxieties and concerns of community members were categorized into 8 areas: 1-Confusion in communication with the surrounding environment, 2- Concerns about vulnerable groups being affected, 3- The necessity of informational support, 4- Economic turmoil, 5-Shortage of preventive and treatment facilities, 6 -weakness of social capital, 7- Stressful and destructive atmosphere, 8- Approaches for crisis management situation.

**Conclusion:** Based on the research findings, focusing and attention on people's concerns in a transparent manner, and designing novel psychosocial support systems based on people's real needs to control the disease spread result in the enhancement of social capital between community members to get through this crisis quickly.

#### **Keywords:**

Anxietiy, Concerns, COVID-19, Psycosocia

\* Corresponding Author:

# Soraya Sayar, PhD.

Address: Department of Sociology, Faculty of Management & Social Science, North Tehran Branch, Islamic Azad University, Tehran, Iran. E-mail: s.sayar1365@ gmail.com

# **1. Introduction**

oronaviruses comprise a family of viruses. The disease is typically characterized by fever, fatigue, and dry cough. Some patients have symptoms such as mild to severe muscle pain, headache, sore throat, nausea, and diarrhea. These symptoms initiate gradually and mildly.

Respiratory problems occur with increasing the severity of illness [1]. Various health organizations around the world have reported various incubation periods for the COVID-19. The World Health Organization (WHO) has reported 2-10 days, the China National Health Commission 10-14 days, and the US Centers for Disease Control and Prevention 2-14 days for this incubation period [2]. Subsequent investigations have demonstrated that the disease originated in the seafood, poultry, and live animals market located in Wuhan City, Hubei Province, Central China [3]. Afterward, an unprecedented prevalence of pneumonia was reported to the World Health Organization on December 31. On January 1, 2020, the market was closed and decontaminated. After widespread speculation about the cause of the disease, the Chinese section of the Centers for Disease Control and Prevention (CDC) eventually confirmed the report published by the Wall Street Journal and announced on January 9, 2020, that the cause of the disease was a new Coronavirus called COVID-19 [4].

Following the increasing number of patients and spread of the virus worldwide, the World Health Organization (WHO) stated on January 30, 2020, that the new Coronavirus has become the sixth leading cause of public health emergency worldwide, threatening not only China but all countries in the world [5]. The spread of the disease was so severe that on April 24, 2020, it affected almost all countries in the world. The number of infected individuals on this date was 2700000 people, of whom about 190000 died.

In Iran, following the death of two patients in Kamkar Hospital in Qom City, on February 20, the virus spread, and until August 8, according to the Ministry of Health report, 322567 people got infected by the virus throughout the whole country. Since the onset of the disease outbreak, medical centers as the pioneers in fighting against this virus took actions and medical and health staffs provided valuable services and support in this respect. But the complexity, novelty, and high infection rates of the disease have led most people to spend their lives under the fear of exposure and getting the diseases. The feelings of anxiety and stress that in many circumstances induce psychosocial disorders among individuals and have a detrimental impact on human wellbeing and immune function. Thus, given the spread of the disease throughout the country and its consequences on different aspects of human lives, it is essential to carry out this investigation to recognize people's fears and concerns regarding this disease. Then the research findings are presented to the responsible authorities to take appropriate measures and plannings to respond to these fears and preserving the health dimensions (physical, mental, social, and spiritual) of community members and minimize the fears and anxieties due to this disease. Also, this research could be used as a research document in possible future crises.

#### 2. Materials and Methods

The present study was performed by qualitative content analysis. The methodology of data processing is the conventional content analysis method. The qualitative content analysis method can be considered as a research approach for subjective interpretation of textual data content through systematic classification, coding, and theme building processes with the design of known patterns [6]. The qualitative content analysis goes beyond the words or objective content of texts and tests themes or patterns that are explicit or implicit as explicit content. The analysis process can be influenced by the type of categorization and analytical inductive approach or deductive analytical study as well as a selective technique for analyzing summary, descriptive, and structured data. But obviously, the qualitative content analysis will strongly be affected by its quantitative counterpart and also the research questions that the investigator is supposed to answer. Nevertheless, whichever categorization or methodology that is being used, the selection and implementation of text and data management, categorization and coding, analysis, and interpretation are very important in this analysis [7]. This study seeks to answer the general question of "What are the common concerns and questions of the general public about COVID-19 disease?"

In this study, the purposive sampling technique was used. Data on fears and concerns of the overall population were collected through social workers serving at the university/ medical school throughout the country, affiliated healthcare centers, hotline 190, and social media. The data collection process was saturated with 2920 theoretical data from February 27, 2020, to April 3, 2020.

The inclusion criteria for social workers were as follows: social workers serving at referral health centers; and declaration of their willingness to cooperate in research. Table 1. Results of research data analysis

Category	Subcategory	Open Codes
Confusion in com- munication with the surrounding environment	Feeling threatened by public gatherings	Are the presence and use of the following places allowed in the current situation? - Swimming pools and sports clubs, hairdressers, restaurants and snack bars, elevators weddings, shrines and religious sacred places, dentistry, travel to countries that are no infected by Coronavirus, schools, airplanes and passenger terminal, offices, shrines and religious places, language schools; Less than one week has remained until the resumption of the activities of factories, of fices, and private and public companies. Again, people are obliged to use the subway taxis, and buses to get to work. Again, some businesses have to take risks, and this i exactly what happens at the peak of the disease. Why hasn't the government allocated money to close down and help businesses?
Forced dista	ncing from family	I am a nurse, how can I hug my son and see my parents after caring for COVID-19 pa- tients? I'm just worried about my parents. I haven't seen them in days. I don't know what to do I have not seen my mother for 4 weeks now. This quarantine is very difficult, how can we live with fatigue and despair now that we have been home and quarantined since the 21st of February? The New Year celebration was ruined for us who are part of the medical staff. This year, instead of the New Year holidays and fun, we just experienced work and stress and strug- gled with death. I wish we had a few days off and we could be at home with our children. Some people do not understand the meaning of quarantine, for example, they go to their father's or father in law's house, then they say we are not sick, so nothing is hap- pening, or they invite their friend to the house. Then they say we are safe and our house is sterile. Why do some people not understand the meaning of quarantine?
Concerns about vulnerable groups being affected	Awareness of at-risk age groups	What are the high-risk age groups for this disease? Are children and infants affected by the disease less than other age groups? Which age groups are at risk, young children, or adults?
Identifying	g at-risk groups	What groups of patients are most at risk of getting Coronavirus? Are pregnant women more at risk of infection by the virus than others? Are those with hypothyroidism at risk? Are smokers more at risk? Are certain patients (immunocompromised patients, diabetics, MS patients, and allergie transplant patients) more at risk? Are people working in pharmacies at risk?
Concern for the socially disadvantaged group		Shouldn't working and street children and homeless people who have no information in this field be educated? What about addicts and homeless people? Garbage collectors are in great danger, how can they be helped?
Need for climate knowledge		Is climate change effective in eradicating the virus? Is the heat effective in killing viruses? Is rain effective in killing the virus? Is it necessary to leave the windows of homes and workplaces open? At what temperature and humidity does the virus die?
The necessity of informational support	Nutritional concerns	With what compounds do we disinfect salad ingredients? Is vitamin C effective in prevention? Shouldn't we buy bread from a bakery? How to disinfect fruits and dates? Should we heat the bread in the oven or freeze it? Should the food we buy in the supermarket be disinfected?

Category	Subcategory	Open Codes
Clarification of clear	ning ambiguities	Is it possible to transmit the virus through the clothing of an infected person? Is it necessary to wash clothes daily to avoid this disease? Can dry cleaners be used to wash clothes, curtains, blankets, etc.? What alternatives can be used if disinfectants such as white alcohol and Vitex are not available? Is it right to wash carpets in carpet washing companies? What materials can be used to disinfect indoor air? Can dishwashing liquid kill the virus? Is a mixture of water and vinegar suitable for disinfecting home surfaces? Is it right to use a hairdryer to dry the nasal mucosa as shown in a video? Do not evaporate the alcohol. I pour alcohol for a while to evaporate. I have been short of breath since using alcohol and Vitex. So should I be worried?
Guidance for the preven	ntion and treatment	<ul> <li>What specialist doctor should be consulted to diagnose COVID-19?</li> <li>How is a cold differentiated from COVID-19?</li> <li>Is it possible to test a person suspected of having the COVID-19?</li> <li>Is there a cure for this disease?</li> <li>Does getting Coronavirus once reduce the risk of recurrence?</li> <li>Is it true that Coronavirus survives on surfaces for up to 9 days?</li> <li>What medications should we use?</li> <li>Does acetaminophen reduce Coronavirus fever?</li> <li>Is it possible that a recovered person be re-infected?</li> <li>Does the Coronavirus enter the body through the skin?</li> <li>What are the names of the selected hospitals to fight the Coronavirus?</li> <li>Which centers should I go to for the test and is it free?</li> <li>Does the use of corticosteroids or drugs that cause defects in the immune system increase the risk of developing this disease?</li> <li>Are traditional methods such as using garlic, cloves, ginger, etc., effective in preventing this disease?</li> <li>Is there a specific medicine or food to boost the immune system?</li> <li>Is herbal tea effective for treatment?</li> <li>Is it true that alcohol and opium kill the virus in the body?</li> <li>Is plasma donation effective in treating patients?</li> <li>Can we start hydroxychloroquine ourselves for prevention?</li> </ul>
The burial of	the dead	Are the dead bathed? Is it true that the dead are buried with a crane? Does a dead patient need disinfection?
Searching for signs a COVID		<ul> <li>What are the symptoms of COVID-19 and how does it occur?</li> <li>Is chest pain a symptom?</li> <li>I had a fever last night, but I feel better today. Do I have Coronavirus disease?</li> <li>Are mild cough and dizziness symptoms of Coronavirus?</li> <li>My 23-year-old son caught the flu last week. He does not have a fever at the moment, but he is still short of breath. Could he have contracted the Coronavirus?</li> <li>What is the incubation period of the disease?</li> <li>Is it possible to transmit this virus through the eye?</li> <li>I have been coughing for 4 days and I have a sore throat. Am I infected now?</li> <li>What is the cause of loss of sense of smell and taste? Is it related to COVID-19?</li> </ul>
Possibility of transmissi	ion through animals	Is it possible to transmit this disease to humans from pets such as birds, dogs, and cats? Can domestic animals such as chickens, roosters, and sheep be carriers of the Corona- virus? Is it possible to transmit the Coronavirus through food, especially bread, meat, and eggs? Is it possible to transmit Coronavirus through insect and mosquito bites?

Category	Subcategory	Open Codes
Economic turmoil	Disease-related finan- cial burden challenge	How much does a Coronavirus test cost? Why are masks and gloves so expensive? What should we do for the cost of treatment if we get infected, and what about the cost of the grave and burial if we die?
Helplessness	in living expenses	In this economic situation, staying at home makes the situation worse. What should we do? What about monthly installments and rent? Why not worry about the plight of people who can't make ends meet? According to WHO law, during the quarantine period, all expenses, including food and incidental expenses, are borne by the government. Do you think our government has this ability? Who pays for the family expenses? Which authority was worried about our situation while we were a business tenant and we closed down the shop since March 14 and became unemployed and we have to pay the rent? Everyone says to shot down. Who pays for the people who cannot meet the end? Like peddlers? Rent of the shops? It is not possible to stay at home without money. Where can I get it to provide for my wife and children?
Shortage of pre- ventive and treat- ment facilities	Difficult access to safety equipment	Tehran Pars Hospital hospitalizes suspicious patients in ordinary wards and does not have facilities such as masks for patients' families and even staff. Doesn't this cause the disease to spread more? How many days can the masks be used? Why are there no alcohol, masks, or disinfectants in Shahin Shahr City? When are masks and disinfectants distributed? Is the use of disposable masks and gloves effective in preventing infection? Doesn't the distribution of the masks to people and their gathering in health centers help in further transmitting the virus? When will this equipment be delivered to the people? Why do they not equip the medical staff? There is no alcohol spray. How can we make it ourselves? I am a bus driver and so far I have not been given a mask and the bus has not been dis- infected. What should I do? We are in Abadan City, why are there no masks and gloves at all?
	ness of medical facilities ead of the disease	We referred to Golpayegani Hospital in Qom. They told us to go somewhere else, we went to Forqani Hospital. It was dirty without facilities and we are still at a loss because there is no empty bed. What kind of situation is it? The situation is very bad. At Masih Daneshvari Hospital, the patients had slept on the floor due to a lack of beds. What should the patients do? The situation in Tabriz is bad, all hospitals are full and there are not many facilities. Where should we go?
The weakness of social capital	Distrust in published statistics	Why do they hide the real statistics of suspects, infected, and deaths? In a small village in Yazd City, 4 people died today. Where do they get this statistic? In our province, kits of suspicious patients were sent to Tehran three days ago, and the answers have not been received yet. Where to get accurate statistics? The statistics are more than this. Some people died in Qazvin. Why is Qazvin not in- cluded in statistics?

Category	Subcategory	Open Codes
Criticism of the o	fficial's performance	In a country where elections are more important than the lives of the people, one should not expect honesty and truthfulness from the officials Why didn't the government announce the statistics of the patients earlier? Why did not they cancel Mahan Airlines flights from China? Why does the government not control the hoarding of high prices for masks, gloves, etc.? Why doesn't the government announce general quarantine? All countries pass laws. Our government does not take any responsibility and leaves that to the people. Why don't the authorities do something about quarantine? They do not want the people to stay at home because our lives have never been and are important for this government, the plan of social distance! Isn't it too late now for these measures ??? All TV commercials are food-focused. Isn't there anything else to advertise during the quarantine days? This is not fair, people should be blamed when the funeral of the IRGC ignores all the efforts, then we see the radio and television saying that there is no news and everyone is being discharged, the doctors also say like this, which one should we believe? Last night in the Iranian news, they said that the virus is floating in the air. What can we believe? I also think that is right, why they say that everyone in China should wear a mask. Why do they say the wrong news in the national news? People are less worried! Why did the 20 and 30 news say that they make medicine? but later it turns out to be a lie.
Stressful and destructive atmo- sphere	The pervasive fear of getting the Coronavi- rus infection	How to overcome our stress? Given the Coronavirus gets treated, how can I get rid of this obsession I got? The situation is very critical and we will all get infected. Why not be afraid? Why do they increase stress with existing rumors? When every Iranian who leaves Iran, is Coronavirus positive, so everyone in Iran is in- fected. Why do they spread so much news and increased fear and stress? I do not sleep for fear of Coronavirus. I do not know what to do?
	tability of people vith the disease	Why do so many people throw away their used gloves on the streets and in public plac- es? Many people traveled when schools closed. Why they do not observe this condition? It is said that people hold weddings in the halls around the city. Why does no one take the situation seriously? In our city, people are shopping for the New Year with their children and families in the streets and shopping malls. Why do the authorities not close the shopping malls? Why do the people of Iran not take the situation seriously and everyone is shopping for the new year? When masks and gloves are not found now, surely zinc and vitamin C will not be found in the coming days. The virus will not kill us. Why are people so cruel to each other?
	hes for crisis ient situation	<ul> <li>* Evacuation of prisons due to high population density in a limited place and very unfavorable health conditions</li> <li>* Closing the barracks</li> <li>* Cancel the odd and even traffic zone plan and use more private cars instead of the subway and BRT, which is one of the main sources of COVID-19 disease spread.</li> <li>* Closing of all tourist places</li> <li>* Public holiday for two weeks, and when the weather gets warmer and this disaster passes over people</li> <li>* Providing accurate statistics on the number of people affected and recovered to reduce stress (currently people suffer more from stress and anxiety than Coronavirus because the disease is not 100% fatal).</li> <li>* Quarantine crowded cities with high levels of suspected patients</li> <li>* Do not spread rumors.</li> <li>* Publish the experiences of people who get treated.</li> <li>* Please inform the treatment process.</li> <li>* A national holiday must be declared.</li> <li>* Most jobs are shot down. If somebody owes you, give him some time. If you have a tenant, get along with him.</li> <li>*Announce real statistics so that people are not so careless</li> </ul>

The inclusion criteria for social networks were as follows: using reputable and reliable Persian news sites and sources related to people's concerns about COVID-19; and documents and content of virtual social networks related to concerns and worries about COVID-19.

After initial coding and ensuring the validity of the findings, we used the immersion method and continuous struggles of researchers with the data. Also, to assure the accuracy of the data, people with experience in peer debriefing were requested to review the interviews and the initial coding and concept classes, and repeated reviews were performed. To maintain consistency, the content was reviewed in two stages, one when 10% to 15% of the categorizations were completed and the other at the end of the process.

## 3. Results

According to the results of the study, fears and concerns of community members were categorized into 8 areas: 1. Confusion in communication with the surrounding environment; 2. Concerns about vulnerable groups being affected; 3. The necessity of informational support; 4. Economic turmoil; 5. Shortage of preventive and treatment facilities; 6. The weakness of social capital; 7. Stressful and destructive atmosphere; and 8. Approaches for crisis management situation (Table 1).

#### 4. Discussion

In this study, we investigated the important aspects of current people's fears and concerns about special conditions because of COVID-19. These anxieties and concerns are as follows:

1. Confusion in communication with the surrounding environment is seen in two areas: A) Feeling of threatening from public gatherings. In this context, people are concerned about attending places such as shrines, offices, passenger terminals, etc. Therefore, in this regard, it is essential to provide guidelines for preventive tips. B) Forced distancing from the family: Many people, especially medical staff, have concerns about contacting their families (children and parents) and in this situation, they have adopted forced distancing to protect the family from getting infected. Therefore, in this area, supportive services such as providing psychological and social assistance through social workers can be effective [8].

Regarding the structure of the society, one of the people's concerns is attending religious places and shrines. Research shows that the presence of people in religious places and participation in religious ceremonies such as pilgrimage and worship has consequences such as reducing mental disorders, anxiety, and anger [9], but with the outbreak of the disease and the closing down of shrines and also the abolition of all religious ceremonies, prevented the people from the comfort of these holy places to alleviate their fears and anxieties.

Also, due to the fear of being infected with the Coronavirus, families avoid attending ceremonies such as funerals and mourning of loved ones, which leads to disorders such as mental health conditions and delayed grief [10, 11].

With regard to the fast spread of the virus, worries about social relationships have intensified and social communication is not possible like before, while experts like Turner believe that one of the factors that influence depression and stress in critical situations is social relationships. Social relationships help people deal with crises when unfavorable situations occur and reduce their psychological tensions caused by stressful conditions [12]. Because of similar experience in China, serious issues, such as fear of death among patients and frustration and anxiety of isolation, appear in quarantined individuals. People in quarantine lose the opportunity to have personal and social connections and also miss the chance of holding traditional ceremonies, which is itself a stressful phenomenon [13]. Besides, people who become quarantined lose face-to-face communication and traditional social interventions, and this is a stressful phenomenon [14].

2. Research results in the context of concern about the getting infected of vulnerable groups were discussed in three parts:

A. Awareness of vulnerable age groups; B. Detection of at-risk groups; C. Concern for the socially-disadvantaged groups. Because the elderly and people with specific and underlying diseases are among the highrisk groups in terms of being affected and treatment, the families of these people are more under stress and feel anxiety [15]. Also, the rumors that this is a man-made virus to remove unproductive and worn-out forces in the general public have sparked fears within family members [16]. Meanwhile, socially-disadvantaged groups such as addicts, working and street children, homeless people that are underprivileged in terms of accessibility to healthcare services and preventative measures, and do not have enough knowledge and understanding about the disease can exacerbate the progression of the virus throughout the general public. This is another concern raised by the people. In these two areas, some interventions are suggested to reduce people's worries and concerns. Firstly, guidelines should be given regarding prevention in at-risk and high-risk age groups, then some measures should be taken regarding education and awareness, as well as providing preventive equipment and facilities for the socially-disadvantaged groups in cooperation between the Ministry of Health and the Welfare Organization.

3. The necessity of informational support in multiple areas was raised by the people. Since this virus is novel and some of its characteristics are unclear, the absence of adequate understanding regarding the infection promotes ambiguity, distress, and tension among people in the general population. Therefore, education in the proposed areas to individuals in the community with the increasing focus towards expressed requirements is essential, A. The need for climate knowledge; B. Nutritional concerns; C. The clarification of the cleanliness ambiguities; D. Guidelines for prevention and treatment; E. Mechanism of the burial of the deceased; G. Seeking for signs and symptoms of Coronavirus; and H. The possibility of transmission from animals.

4. Economic turmoil, which is one of the major consequences of this disease throughout the country and around the world, was discussed in two domains: A. The financial burden of the disease; one of the people's concerns is how to provide the cost of the disease and its treatment. This requires the government's support and transparent information about how the disease costs for all community members; B. Helplessness of living expenses: Many people in the community, particularly those who have services-related and low-wage jobs (taxi drivers, peddlers, etc.) have lost their income due to these conditions, and their main concern is earning a living. Therefore, the anticipation of subsistence packages and financial assistance is vital to compensate for lowincome workers and disadvantaged people of the society.

5. Concerns about the shortages of preventive and treatment facilities were presented in two aspects: A. Challenging access to safety equipment; B. Inappropriateness of medical facilities with the spread of the disease. As the shortage of preventive services in the society and lack of access to them made people worry and terrified resulted in emotional responses (such as hoarding, etc.), it is recommended that these facilities be made available throughout the society with equal access to comfort the people.

6. Weakness of social capital was mentioned in two areas: A. Distrust in reported statistical data: As contradictory information has been provided to the public through virtual networks and Western media, people have lost trust in the government and have a lower sense of solidarity with the government; B. Criticism of the authorities' performance has been raised with issues such as non-cancellation of Mahan flights from China, lack of monitoring of hoarding and an increase in the price of masks and gloves, etc.

7. There are two concepts in the issue of stressful and hazardous environments. A. Widespread fear of disease; B. Insufficient responsibility of people in fighting the disease. At the moment, one of the most common problems is the fear and anxiety of people about getting the disease. With increasing the mortality rate, many patients experience mental problems and stress [17]. Crisis intervention, online consultation, and self-care training are effective for individuals who experience anxiety, stress, loneliness, and trauma [18]. Another cause of people's tension is the weak responsibility-taking of some people to follow health care protocols and their high-risk behaviors such as holding funerals and weddings, etc., which provoke the spread of the disease throughout multiple geographical regions. Since there is no proven therapy for the Coronavirus, prevention is the most valuable manner to control the virus, so to contain disease outbreaks, we require participation, social responsibility, and solidarity.

According to sociologists such as Kent, the consensus is the foundation for the formation of social solidarity, and the national consensus is based on values and moral rules, and the acceptance of these values by the majority of society. In Iranian society, with regard to the collectivist culture and national and religious values based on unity and solidarity, we have always seen that in critical conditions and natural disasters such as earthquakes and floods, new structures are formed based on these values and has created social solidarity and collective participation [19]. Therefore, in the current situation and the spread of Coronavirus disease, this cultural capability can be used to promote social solidarity.

8. Approaches for crisis management situation: In this regard, recommendations have been made by the people to control and reduce the consequences.

Findings and research observations can be classified into two sections. In the first section, with regard to the concerns due to the confusion in the communication with the surrounding world, the concern of infection of vulnerable groups, the necessity for informational support, economic turmoil, and shortages of prevention and treatment equipment, providing so cial support is

important. Social support encompasses several dimensions of accessibility to instrumental, emotional, and informational support. Instrumental support refers to the material, objective, and real assistance received from others. This type of support helps people to meet their daily needs and includes such material and objective assistance such as granting loans, livelihood packages and providing preventive equipment such as masks, gloves, etc. Emotional support includes empathy, care, and attention to people. This type of support can help a person feel comfortable, confident, belonged, and loved in periods of stress and critical situations [20]. Informational support helps to understand an issue and problem. This type of support refers to information that a person can use against problems and includes advice and suggestions to people to deal with the crisis [21].

The second dimension of the findings, i.e., distrust in published statistics, criticism of managerial performance, poor responsibility of people in observing preventive steps, demonstrate a reduction in social capital within society. Social capital refers to various aspects of social organization such as trust, norms, and networks that can improve the efficiency of society by facilitating coordinated actions. In a society where social capital is declining, social solidarity decreases, and individuals become socially isolated. Social capital creates social cohesion, trust, and a desire to engage in social action. It can reduce stressors related to health [22]. Therefore, increasing social capital to control and resolve crises in societies is one of the main measures of governments.

## 5. Conclusions

Based on research results, concentrating and attention on people's concerns transparently and designing novel psychosocial supportive systems based on people's specific requirements to handle the spread of the disease results in an improvement in social capital between community members and consequently solving the crisis rapidly. Overall, the outbreak of COVID-19 has a significant effect on the physical, mental, social, and spiritual health of society members, affecting the normal events and activities of daily routine, has changing current service delivery systems, and disrupting community connections. While all of these changes and developments have occurred rapidly and on a large global scale. All of these incidents have caused shock and bewilderment in societies and have increased people's mental focus on the topic of COVID-19 and its consequences. At the same time, it must be accepted that government authorities and social programmers have been similarly influenced by the crisis and had to rearrange the structures and methods of service delivery in a brief period. Meanwhile, the worries and concerns of the people are considered an extra psychological burden on the service providers in this period.

However, with the approach of turning threats into opportunities, we could use the mental focus of society on this topic and their concerns over social participation to eliminate their social concerns and desirably creating responsibilities. Participation refers to the process of using the individual/group capabilities of beneficiaries to accomplish a collective objective. In this process, conscious behavior, collective desire, collective acceptance, choice, and the existence of common needs are important. What is important in a successful participation process is the feeling of the necessity to solve a problem, recognizing that problem, and feeling the necessity for community collaboration according to their level of understandings, capabilities, awareness of available capacities and facilities, and their optimum utilization [23].

In this regard, social participation is based on three models: working for the people, working with the people, and working through the people. The best model that creates the highest level of participation and leaves the highest level of effectiveness and sustainability of services is the work with the people model. In this community-based model, the main activities are the responsibility of the people and governmental or non-governmental institutions have the role of coordinator and facilitator.

In the current environment, due to the use of cyberspace by individuals in society and the need to reduce face-to-face communication, we can use the communitybased approach and social participation of people in these spaces to reduce their worries and concerns. Some of the proposed methods are to create campaigns focusing on providing reliable information, identifying and supporting at-risk groups, forming self-help groups, sharing resources and capacities, and other issues of public concern. Government institutions, in addition to developing social participation, should revise their defined roles according to the existing conditions and seek to create new, creative methods that can cover all areas. Government institutions can help strengthen NGOs, mobilizing resources, and effectively strengthening efficient projects while fulfilling their roles at the levels of planning, policy, and service delivery, which could enhance social capital and directing society goals for overcoming this crisis.

With regard to the comprehensive collection of people's concerns and worries about COVID-19 based on the progression of the disease and its consequences over time, the policymakers and planners in the health sector are suggested to present the results in the think tank and to address the concerns of the people, with the presence of experts, people's representatives, etc., and then local interventions should be designed based on the needs of the people and provided to the people through a specific procedure.

### **Ethical Considerations**

#### Compliance with ethical guidelines

The subject of the research was approved by the Scientific Committee of the Hospital Management Center and the Clinical Services Excellence of the Deputy Minister of Health and was sent to the country's universities by letter No. 255/400. In all stages of the research, the principle of confidentiality was observed and the necessary measures were taken to prevent the publication of information and details of the participants.

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#### Authors' contributions

All authors contributed in preparing this article.

#### Conflict of interest

The authors declared no conflict of interest.

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#### Reference

 Watkins J. Preventing a covid 19 pandemic. BMJ. 2020; 368:m810. [DOI:10.1136/bmj.m810] [PMID]

- [2] Naji HS. The emerging of the 2019 novel Coronavirus (2019nCov). European Journal of Medical and Health Sciences. 2020; 2(1):1-5. [DOI:10.24018/ejmed.2020.2.1.169]
- [3] Khan N. New virus discovered by chinese scientists investigating pneumonia outbreak [Internet]. [Updated: Jan 8 2020]. Available at: https://www.wsj.com/articles/new-virusdiscovered-by-chinese-scientists-investigatingpneumonia-outbreak-11578485668) 2
- [4] Gralinski LE, Menachery VD. Return of the coronavirus: 2019-nCoV. Viruses. 2020; 12(2):135. [DOI:10.3390/ v12020135] [PMID] [PMCID]
- [5] Lai C-C, Shih T-P, Ko W-C, Tang H-J, Hsueh P-R. Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and corona virus disease-2019 (COVID-19): The epidemic and the challenges. International Journal of Antimicrobial Agents. 2020; 55(3):105924. [DOI:10.1016/j.ijantimicag.2020.105924] [PMID] [PMCID]
- [6] Hsieh H-F, Shannon, Shannon SE. Three approaches to qualitative content analysis. Qualitative Health Research. 2005; 15(9):1277-88. [DOI: 10.1177/1049732305276687] [PMID]
- [7] Graneheim UH, Lundman B. Qualitive content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. Nurse Education Today. 2004; 24(2):105-12. [DOI:10.1016/j.nedt.2003.10.001] [PMID]
- [8] Javadi SMH, Arian M, Qorbani-Vanajemi M. The need for psychosocial intervention to manage the Cronavirus crisis. Iranian Journal of Psychiatry and Behavioral Sciences. 2020; 14(1):e102546. [DOI:10.5812/ijpbs.102546]
- [9] Rajabi F, Shiralipor A. [The effect of places of worship on personal health and happiness (Persian)]. Journal of Religious Culture Approach. 2018; 1(2)103-13. http://www.farhangedini.ir/article\_76979.html
- [10] Vahdani B, Javadi SMH, Sabzi Khoshnami M, Arian M. Grief process and the Covid-19 pandemic: Wise intervention in vulnerable groups and survivors. Iranian Journal of Psychiatry and Behavioral Sciences. 2020; 14(2):e103855. [DOI:10.5812/ijpbs.103855]
- [11] Javadi SMH, Sajadian M. Coronavirus pandemic a factor in delayed mourning in survivors: A letter to editor. Journal of Arak University Medical Sciences (JAMS). 2020; 23(1):2-7. [DOI:10.32598/JAMS.23.1.4578.3]
- [12] Terner JH. The structure of sociological theory. USA: Wadworth Publishing Co., 007<sup>th</sup> edition; 2002.
- [13] Zhang J, Wu W, Zhao X, Zhang W. Recommended psychological crisis intervention response to the 2019 novel coronavirus pneumonia outbreak in China: A model of West China Hospital. Precision Clinical Medicine. 2020 Feb 18:pbaa006. [DOI:10.1093/pcmedi/pbaa006] [PMCID]
- [14] Xiang Y-T, Yang Y, Li W, Zhang L, Zhang Q, Cheung T, et al. Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. Lancet Psychiatry. 2020; 7(3):228-9. [DOI:10.1016/S2215-0366(20)30046-8] [PMID] [PMCID]
- [15] Javadi SMH, Nateghi N. COVID-19 and its psychological effects on the elderly population. Disaster Medicine and Public Health Preparedness. 2020:1-2. [DOI:10.1017/ dmp.2020.245] [PMID] [PMCID]

- [16] Sabzi Khoshnami M, Javadi S M H, Noruzi S, Arian M. The elderly as the symbol of a generation's experience through Covid-19 pandemic. Elderly Health Journal. 2020; 6(1):1-2. [DOI:10.18502/ehj.v6i1.3408]
- [17] Bo HX, Li W, Yang Y, Wang Y, Zhang Q, Cheung T, et al. Posttraumatic stress symptoms and attitude toward crisis mental health services among clinically stable patients with COVID-19 in China. Psychological Medicine. 2020; 1-2. [DOI:10.1017/S0033291720000999] [PMID] [PMCID]
- [18] Drentea P, Clay OJ, Roth DL, Mittelman MS. Predictors of improvement in social support: Five-year effects of a structured intervention for caregivers of spouses with Alzheimer's disease. Social Science & Medicine. 2006; 63(4):957-67. [DOI:10.1016/j.socscimed.2006.02.020] [PMID]
- [19] Najarian B, Baratisade. [The psychological consequences of disasters (Persian)]. Tehran: Masir Publication; 2000
- [20] Sarason IG, Levine HM, Basham RB, and Sarason BR. Assessing social support: The Social Support Questionnaire. Journal of Personality and Social Psychology. 1983; 44(1):127-39. [DOI:10.1037/0022-3514.44.1.127]
- [21] Harpham T. The Measurement of community social capital through surveys. In: Kawachi I., Subramanian S., Kim D. (eds) Social Capital and Health. New York, NY: Springer; 2008. [DOI:10.1007/978-0-387-71311-3\_3]
- [22] Bao Y, Sun Y, Meng S, Shi J, Lu L. 2019-nCoV epidemic: Address mental health care to empower society. Lancet. 2020; 395(10224):e37-e38.
   [DOI:10.1016/S0140-6736(20)30309-3]
   [PMID] [PMCID]
- [23] Jahangiri K, Pourheidari G. [Fundamentals of Crisis-based community management (Persian)]. Tehran: Publications of the Iranian Crescent Scientific-Applied Institute; 2010.

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