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Prediction of Corona anxiety in women: Coping strategies and distress tolerance

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Abstract

This research aimed to predict the coronavirus's anxiety in women and determine the role of coping strategies and distress tolerance. The current research design was descriptive and correlational. The research's statistical population was comprised of all working married women in Shiraz in 2020. Distress tolerance questionnaires of Simons and Gaher (2005), coping strategies of Endler and Parker (1991) and coronavirus anxiety of Alipour et al. (2019) were used to collect data. After collecting and extracting the data, the scores of the participants were analyzed using Pearson's correlation coefficient and multiple regression analysis and SPSS-24 statistical software. The results of the correlation coefficient showed that Corona anxiety has a negative correlation with problem-oriented coping strategy and distress tolerance and a significant positive correlation with emotion-oriented and avoidance coping strategy. The results of multivariable regression showed that the problem-oriented coping strategy with a beta coefficient of 0.12 was able to reduce the anxiety of the corona virus in a negative way, and the emotion-oriented coping strategies with a beta coefficient of 0.14 and the avoidance coping strategies with a beta coefficient of 0.13 were able to reduce the anxiety of the corona virus and predict positively in working women. Also, the results showed that the tolerance subscale with a beta coefficient of -0.13, absorption subscale with a beta coefficient of -0.11, evaluation subscale with a beta coefficient of -0.16 and adjustment subscale with a beta coefficient of -0.29 were able to measure anxiety and to predict corona as a negative sound in working women. Because coping strategies and distress tolerance can be a good predictor for anxiety of corona disease; Corona disease anxiety can be reduced by examining problem-oriented coping strategies and increasing distress tolerance.

Keywords: *Corona anxiety, distress tolerance, coping strategies.*

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Introduction

Recent studies on the coronavirus have shown that the anxiety caused by the coronavirus disease and the quarantine of families make the mental health of families and children susceptible to the occurrence of symptoms of psychological disorders (Alipour, Gadami, Alipour, and Abdulzadeh, 2020).

This form of epidemic of disease is actually a major social event that has not only occurred at the level of a region but at the level of the country and even the whole world, and it is necessary to pay attention to its social effects (Shigamura, Orsano, Morganstein, Kurasawa, and Bendik, 2020). Throughout history, psychologists have discussed the fact that the ability to solve problems is a unique characteristic of humans. The most important idea that emerges from this article is that the ability to solve problems has a significant role in social competence and mental health because the ability to deal with and solve the stressful problems of daily life (anxiety caused by the coronavirus) indicates a strong relationship with a person's personal and social functioning (D'Zurilla & Nezo, 2020). Coping strategies are an innovative cognitive-behavioral process through which people try to find effective and adaptive solutions to the problems they face in their daily lives (Cassidy & Long, 1996). Coping strategies have received much attention as a factor that intervenes in the relationship between mental stress and psychiatric or physical disorders. Problem-solving styles are a coping strategy that, in its constructive type, increases personal and social ability and progress and reduces stress and psychological pressure. Researchers think it is necessary to examine the details of coping dimensions to predict the type and severity of

various diseases in people (Cassidy & Long, 2005).

One of the factors that can reduce the stressful conditions resulting from the anxiety of corona disease is the tolerance of distress. Distress tolerance is defined as a person's capacity to tolerate unpleasant experiences and internal states such as negative emotions, disappointment, and physical discomfort. Distress tolerance appears in two forms, one of which refers to a person's ability to tolerate negative emotions, and the other is the behavioral manifestation of tolerating unpleasant internal states that are called by various stressful situations (Baker & Hoeger, 2012). When the level of anxiety tolerance in people is low, the emotional suffering caused by internal and external pressures is experienced much more and more intensely. As a result, people with low levels of anxiety tolerance usually tend to look for ways to immediately relieve their emotional suffering instead of facing problems and solving them directly. These people also have ineffective attitudes toward negative emotions, so they cannot accept the existence of negative emotions in their mental system. When they experience negative emotions, they feel disturbed and try to eliminate them immediately (Daughters, Reynolds, MacPherson, Kahler, Danielson, Zvolensky, Lejuez, 2017). Therefore, according to the mentioned materials, the current research aims to predict the anxiety of the coronavirus based on coping strategies and distress tolerance in working women.

Method

The current research will be descriptive and correlational. This research's statistical population was comprised of all working women in Shiraz city in 2019. In this research, a one-stage cluster random

sampling method was used. According to the research method (descriptive correlation), the sample size was 264 people. For this purpose, among all the governmental and non-governmental organizations, departments, and companies of Shiraz city, some organizations, departments, and companies were randomly selected. Then 264 working women who volunteered to participate in the research were selected as a sample and filled with anxiety questionnaires. Coronavirus, distress tolerance, and coping strategies were answered.

Materials

1. Corona anxiety scale. The anxiety scale of the disease of contracting Covid-19 was created by Alipour, Gadami, Alipour, and Abdullahzadeh in 2018. This scale includes 18 items that assess two subscales of psychological and physical symptoms in a four-point Likert scale from never = 0 to always = 3. Alipour et al. (2018) reported Cronbach's alpha coefficient of 0.91 for this tool and the correlation of this tool with the Goldenberg General Health Questionnaire as an indicator of the tool's validity. In the present study, Cronbach's alpha coefficient was equal to 0.88.

2. Simons and Gaher Distress Tolerance Questionnaire. This scale has 15 items by Simons and Gaher, 2005; Was made. The items on this scale are scored based on a five-point Likert scale from 1 to 5. High scores on this scale indicate high distress tolerance. Simons and Gaher, 2005; Cronbach's alpha coefficient of this scale was reported as 0.82, and its internal consistency after six months was 0.61 (Andami Khoshk, 2012). In this study, Cronbach's alpha coefficient for the total distress tolerance score was 0.82.

3. Coping strategies questionnaire. Endler and Parker's coping strategies questionnaire

(CISS) was first created by Endler and Parker in 1990 and was translated and standardized in Iran by Akbarzadeh. This test contains 48 items, but the Iranian norm has 45 questions. The stress coping test includes several main areas of coping behaviors: problem-oriented, emotion-oriented, and avoidance. In 1994, Endler and Parker divided the avoidance factor into two distinct subscales of distraction and social engagement, based on which four factors of problem-oriented, emotion-oriented, distraction, and social engagement are evaluated in this questionnaire. In the study of Shokri et al. (2007), Cronbach's alpha coefficient of the problem-oriented coping subscale was 0.75, emotion-oriented coping was 0.73, and avoidant coping was 0.73.

Implementation. After obtaining the necessary permits, the target sample (including 264 working women) was selected and tested using the one-stage cluster random sampling method. The subjects were assured that their answers would remain confidential, so they were asked to complete the questionnaire honestly. The subjects were asked to ask the researcher for further explanation if they encountered any ambiguity while completing the questionnaire. They were asked to answer the questions on the questionnaires calmly and confidently. After completing the questionnaires, the collected data were statistically analyzed using SPSS software and using descriptive statistics and inferential statistics of multivariate regression and Pearson correlation (for correlation of variables).

Findings

The findings show that the mean and standard deviation of the total distress tolerance score is equal to 56.07 (6.18). Also, coping strategies of 54.32 (14.42) and corona

anxiety were reported with a mean and standard deviation of 30.25 (3.70).

In this research, the value of R² is equal to 0.03, which means that coping strategies and distress tolerance can predict Corona anxiety by 03%. The value of adjusted r² in this research is 0.02. In other words, coping strategies and distress tolerance have a total of 02% ability to predict Corona anxiety. As the table showed, coping strategies with a beta coefficient of -0.13 and distress tolerance with a beta coefficient of -0.14 predicted corona anxiety in working women. In this research, the value of R² is equal to 0.132, which means that the components of coping strategies have a 13% ability to predict Corona anxiety in working women, and the remaining 87% are related to other factors. Also, the adjusted r² value of the coefficient in this research is 0.115. In other words, the components of coping strategies have an 11% ability to predict the anxiety of corona in working women. The results show that the components of problem-oriented coping strategies with a beta coefficient of -0.12 could negatively predict the anxiety of the coronavirus. Emotion-oriented coping strategies with a beta coefficient of 0.14 and avoidant coping strategies with a beta coefficient of 0.13 were able to predict corona anxiety in working women positively. In this research, the value of R² is equal to 0.097, which means that the components of distress tolerance have a 9% ability to predict Corona anxiety, and the remaining 91% are related to other factors. The value of adjusted r² in this research is 0.082. In other words, the distress tolerance components can predict Corona anxiety by 8%. According to the findings, the tolerance subscale with a beta coefficient of -0.13, absorption subscale of -0.11, evaluation subscale of -0.16, and

adjustment subscale of -0.29 could predict corona anxiety.

Discussion

The present study was conducted to predict the anxiety of the coronavirus based on coping strategies and distress tolerance in working women. This research showed a negative relationship between the components of distress tolerance and problem-oriented coping strategies with coronavirus anxiety in working women. There is a significant positive relationship between avoidance and emotion-oriented coping strategies for coronavirus anxiety. Also, the results showed that coping strategies with a beta coefficient of -0.13 and distress tolerance with a beta coefficient of -0.14 could predict corona anxiety in working women.

In explaining the obtained results, it should be said that distress tolerance is generally considered as a person's ability to tolerate unpleasant internal states. In the literature, distress tolerance is assumed in different ways. It sometimes includes tolerating negative internal states, such as negative emotion, ambiguity, uncertainty, despair, and physical discomfort. Studies have shown that distress tolerance is a vital vulnerability factor in the development and persistence of mental disorders. The role of distress tolerance in eating disorders, substance abuse disorders, post-traumatic stress disorder, anxiety disorders, obsessive-compulsive disorders, depression, etc., has been clarified (Zavalensky et al., 2011).

In addition, working women use problem-oriented and adaptive coping strategies; When faced with issues and problems, they plan and consider various solutions to solve them. Also, adopting diverse solutions and planning increases people's belief in their abilities and capabilities, and finally, the

formation of a style of solving the problem of trust and reducing the level of anxiety caused by contracting the coronavirus.

In explaining the positive relationship between avoidant and emotion-oriented coping strategies with corona anxiety and the optimistic prediction of coronavirus anxiety by emotion-oriented and avoidance strategies, it should be said that avoidant and emotion-oriented coping strategies, in front of complex external situations, use rational and psychological possibilities for It makes it impossible for a person, this feeling of mental and physical empowerment faces a level of inhibition and gradually provides the background for the occurrence of many mental and physical disorders, including the anxiety of the coronavirus (Salari et al., 2019).

Other research findings showed that distress tolerance negatively correlates with corona anxiety and can predict corona anxiety. In explaining these findings, it can be said that working women who have a high distress tolerance can better cope with anxiety caused by the coronavirus and perceived stress. Considering that the results obtained from this research confirm the existence of a relationship between distress tolerance and coping strategies with Corona anxiety, it is suggested that counselors and counseling centers use the results obtained from this research.

Ethics

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

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Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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