

# Comparison of Fear of COVID-19 in Medical and Nonmedical Personnel in a Public Hospital in Mexico

## **Francisco José Barbosa-Camacho**

Unidad de Investigación Biomédica 02, Hospital de Especialidades del Centro Médico Nacional de Occidente, Instituto Mexicano del Seguro Social, Guadalajara, Jalisco, Mexico <https://orcid.org/0000-0002-3897-2767>

## **Benjamín García-Reyna**

Centro Universitario del Norte, Universidad de Guadalajara, Colotlan, Jalisco, Mexico

## **Guillermo Alonso Cervantes-Cardona**

Departamento de Disciplinas Filosófico, Metodológicas e Instrumentales, Centro Universitario de Ciencias de la Salud, Universidad de Guadalajara <https://orcid.org/0000-0003-0180-6201>

## **Enrique Cervantes-Pérez**

Departamento de Nutrición Clínica, Instituto Nacional de Ciencias Médicas y Nutrición “Salvador Zubirán”, Ciudad de Mexico, Mexico <https://orcid.org/0000-0002-6333-9082>

## **Efraín Chavarria-Avila**

Departamento de Disciplinas Filosófico, Metodológicas e Instrumentales, Centro Universitario de Ciencias de la Salud, Universidad de Guadalajara

## **Kevin Josue Pintor-Belmontes**

Unidad de Investigación Biomédica 02, Hospital de Especialidades del Centro Médico Nacional de Occidente, Instituto Mexicano del Seguro Social, Guadalajara, Jalisco, Mexico

## **Bertha Georgina Guzmán-Ramírez**

Unidad de Investigación Biomédica 02, Hospital de Especialidades del Centro Médico Nacional de Occidente, Instituto Mexicano del Seguro Social, Guadalajara, Jalisco, Mexico

## **Aldo Hernández-Bernal**

Unidad de Investigación Biomédica 02, Hospital de Especialidades del Centro Médico Nacional de Occidente, Instituto Mexicano del Seguro Social, Guadalajara, Jalisco, Mexico

## **Juan Carlos Ibarrola-Peña**

Unidad de Investigación Biomédica 02, Hospital de Especialidades del Centro Médico Nacional de Occidente, Instituto Mexicano del Seguro Social, Guadalajara, Jalisco, Mexico

## **Clotilde Fuentes-Orozco**

Unidad de Investigación Biomédica 02, Hospital de Especialidades del Centro Médico Nacional de Occidente, Instituto Mexicano del Seguro Social, Guadalajara, Jalisco, Mexico <https://orcid.org/0000-0001-6230-8359>

**Alejandro González-Ojeda**

Unidad de Investigación Biomédica 02, Hospital de Especialidades del Centro Médico Nacional de Occidente, Instituto Mexicano del Seguro Social, Guadalajara, Jalisco, Mexico <https://orcid.org/0000-0003-2935-8703>

**Gabino Cervantes-Guevara (✉ [gabino\\_guevara@hotmail.com](mailto:gabino_guevara@hotmail.com))**

Hospital Civil de Guadalajara "Fray Antonio Alcalde", Universidad de Guadalajara  
<https://orcid.org/0000-0001-6249-4737>

---

**Research Article**

**Keywords:** COVID-19, Fear of COVID-19 Scale, Fear, Psychological distress, Fear assessment

**Posted Date:** June 24th, 2020

**DOI:** <https://doi.org/10.21203/rs.3.rs-37662/v1>

**License:**  This work is licensed under a Creative Commons Attribution 4.0 International License.

[Read Full License](#)

---

# Abstract

The world is social distancing and compulsory confinement has caused stress, psychological instability, stigmatization, fear, and discrimination in the general population. In this cross-sectional survey study, we administered the Fear of COVID-19 Scale (FCV-19S) to hospital medical and nonmedical personnel. A total of 1,216 participants were included in the study. We found that the global FCV-19S mean score was  $16.4 \pm 6.1$ , with a significant difference between women and men's scores. Medical students presented higher scores than experienced medical personnel. As the medical and nursing personnel scored higher on the FCV-19S than the nonmedical hospital staff, our findings suggest that greater knowledge of medicine or infectious diseases could decrease the overall psychological impact of the pandemic disease.

## Introduction

The populations of many countries have been forced to practice social distancing as a result of the pandemic. In combination with disconcerting information, economic losses, and the risk of acquiring the disease, social distancing has caused great stress, psychological instability, stigmatization, fear, and discrimination (Pfefferbaum and North 2020; Zhou et al. 2020). Health workers, especially those who are the first contact or involved in the diagnosis, treatment or care of patients with coronavirus 2019 (COVID-19), are among the most exposed and at greater risk of developing psychological distress and mental health symptoms (Tzeng 2003).

The challenges that health-care personnel face include concerns about infecting family members, the shortage of personal protective equipment, limited treatment options, risk of aggression, and participation in emotional and ethical resource allocation decisions. This has caused an increase in the amount of stress perceived by health-care professionals, in addition to a high frequency of depression, suicidal thoughts, anxiety, insomnia, irritability, frustration, lack of appetite, physical deterioration, vicarious traumatization, substance abuse, and burnout syndrome (Chua et al. 2004; Lai et al. 2020; Li et al. 2020; Mamun and Griffiths 2020; Pfefferbaum and North 2020).

As the emotional repercussions of the pandemic increase, medical researchers around the world have devised scales to measure the impact. Previous research has revealed a higher presence of psychological disorders and almost the double the risk of suffering anxiety and depression in first-contact medical personnel compared with nonmedical staff who are unlikely to have contact with patients with COVID-19 (Lu et al. 2020; Soraci et al. 2020; Wang et al. 2020).

Ahorsu et al. developed the Fear of COVID-19 Scale (FCV-19S) (Ahorsu et al. 2020). The FCV-19S, it consists of seven items, and has been shown reliable and valid for assessing fear of COVID-19 among the general population, and it will also be useful to calm fears of COVID-19 among individuals (Reznik et al. 2020; Sakib et al. 2020).

In this study we aimed to identify the prevalence of fear within the health-care and hospital personnel of a public hospital in Mexico. This hospital is one of the few hospitals in the region that treats patients without any government or social health-care support. In a previous study, we compared three hospitals, where patients were able to receive social health care, government support and other means of treatment. We believe the difference between these facilities could alter the responses of hospital staff to COVID-19 patients (Garcia-Reyna et al. 2020).

## Methods

This was a cross-sectional survey study that evaluated fear of COVID-19 using the FCV-19S (Ahorsu et al. 2020). The Spanish version of the FCV-19S, as used in a previous study (Garcia-Reyna et al. 2020), was employed.

A total of 1,216 participants were surveyed during May and June 2020. Physical copies of the survey were distributed to staff of the Hospital Civil de Guadalajara “Fray Antonio Alcalde” and were answered anonymously. The participants’ demographic information can be found in Table 1. The data were analyzed using SPSS software (version 23.0 for Windows; IBM SPSS, Armonk, NY, USA). Descriptive analyses included proportions, means, and standard deviations. The inferential analysis of categorical variables was performed using the chi-squared test or Fisher’s exact probability test or variance analysis as appropriate. Student’s *t*-test was used to analyze continuous variables. A probability level of  $p < .05$  was considered significant.

## Results

### Scale reliability

The FCV-19S items’ internal reliabilities presented a good measure:  $\alpha = .847$ . An exploratory factor analysis (EFA) was conducted for the seven items using principal components extraction and varimax rotation. We found a high correlation between items 3, 5, 6, and 7, and between items 1, 2, and 4, which suggests that these items could represent the physical and emotional responses to fear. Additionally, confirmatory factor analysis (CFA) was conducted on the single-factor FCV-19S items. The item loadings ranged from .53 to .82. The model fit indexes were:  $X^2 (7) = 9.23$ ,  $p = .236$ , confirmatory fit index (CFI) = .99, Tucker–Lewis index (TLI) = .99, root mean square error of approximation (RMSEA) = .01, standardized root mean square residual (SRMR) = .008, and Akaike’s information criterion (AIC) = 51.23. Afterwards, we performed a two-factor model analysis by dividing the items into physical and emotional responses. The item loadings for the physical responses ranged from .56 to .82, while the emotional responses item loadings ranged from .65 to .77. The fit indices of the model were:  $X^2 (8) = 16.17$ ,  $p = .040$ , CFI = .99, TLI = .99, RMSEA = .02, SRMR = .013, and AIC = 56.17. The EFA and CFA component correlations and factor loadings can be found in Table 2.

# Fear of COVID-19

The sample's FCV-19S mean score was  $16.4 \pm 6.1$  (median 16). There was a significant difference between the scores for women ( $17.22 \pm 6.03$ ) and men ( $15.34 \pm 6.08$ ); ( $t(1212) = -5.27, p < .001$ ). Fear scores were higher in medical students ( $17.68 \pm 5.41$ ) than in medical staff ( $16.42 \pm 5.70$ ), although this difference was not statistically significant. The comparison between the scores on each item by gender and academic grade can be found in Table 3.

The sample was divided into four work categories: Medical Personnel, Nursing personnel, Hospital staff with direct contact with COVID-19 patients and Administrative personnel. Across the four work categories, medical personnel had the highest fear scores ( $16.64 \pm 5.66$ ), followed by nursing personnel ( $16.47 \pm 6.38$ ), hospital staff with direct contact with COVID-19 patients ( $16.35 \pm 6.40$ ), and administrative personnel ( $16.33 \pm 6.13$ ). The work shift with the highest scores was the morning shift ( $16.73 \pm 6.12$ ), followed by the mixed shift ( $16.54 \pm 5.56$ ), afternoon shift ( $16.21 \pm 6.29$ ), and finally the night shift ( $15.91 \pm 6.19$ ). A one-way between-groups analysis of variance (ANOVA) was conducted to compare the fear scores. There was no significant effect of work category or work shift on the fear scores.

The mean physical responses score for the sample was  $2.08 \pm 0.93$  and the mean score for emotional responses was  $2.71 \pm 1.01$ . There was a significant difference in the physical responses scores between women ( $2.20 \pm .94$ ) and men ( $1.88 \pm .88$ ); ( $t(1212) = -5.92, p < .001$ ). We also found an statistically significant differences between the scores of emotional responses to fear between women ( $2.79 \pm .97$ ) and men ( $2.59 \pm 1.07$ ; ( $t(1212) = -3.30, p < .001$ ). Similarly, the physical ( $2.9 \pm .88$ ) and emotional ( $2.22 \pm .85$ ) response scores from the medical students were higher than those of the medical staff ( $2.79 \pm .96$  and  $2 \pm .88$  respectively), although these differences were not statistically significant.

One-way between-groups ANOVA tests were also conducted to compare the fear reactions between work categories and work shifts. There was no significant effect of the four work categories on fear. We found differences in physical responses to fear and emotional responses to fear scores across work shifts. These were significant for emotional responses [ $F(3, 1212) = 3.27, p < .010$ ], but not for physical responses. Post hoc comparisons using Tukey's honestly significant difference test indicated that the mean scores for emotional responses to fear from the morning shift ( $16.73 \pm 6.12$ ) were significantly different from those of the afternoon shift ( $16.21 \pm 6.9$ ). However, the scores of the mixed and night shifts did not significantly differ from the other work shifts.

## Discussion

The fear of being infected by SARS-CoV-2 has become a burden in the everyday lives of people around the world. As a result, efforts have been made by experts worldwide to evaluate the effect of the stress, anxiety, depression, and fear towards this pandemic (Dyer and Harris 2020; Rajkumar 2020; Troyer et al. 2020).

The present hospital houses many nursing and medical students as it is part of a university campus. We expected to find a difference between medical students starting their clinical practice and medical personnel with experience in treating patients. One possible reason is that the inexperienced medical personnel did not know how to respond to a crisis of this nature, whereas trained medical staff, while not experts in pandemic events, still have years of medical practice experience. However, the differences we found between students and practitioners were not statistically significant.

Similar to our previous study, the nursing medical personnel presented a higher mean score than general and administrative personnel. Medical personnel presented higher scores among the four work categories, probably due to the presence of medical students in the sample. We found that the morning and afternoon work shifts produced higher scores, probably due to hospitals having a busier workflow during the day than at night. In addition, our sample showed consistent results in the physical and emotional responses to fear scores, as presented previously (Garcia-Reyna et al. 2020).

The FCV-19S score in our hospital sample was lower than in other populations around the world (Ahorsu et al. 2020; Mamun and Griffiths 2020; Reznik et al. 2020; Sakib et al. 2020; Satici et al. 2020; Soraci et al. 2020), and in other studies in the same region (Garcia-Reyna et al. 2020), as shown in Table 4. This could be because previous studies surveyed the general population, whereas our study focused on medical and hospital personnel. Perhaps having greater knowledge of the disease's effects on health minimizes the fear of infection. This is a concern, because medical personnel placing less importance on the disease may result in complacency.

Nonetheless, our results have interesting implications. Each day the government presents an update on the pandemic situation in the form of number of confirmed cases, suspected cases and number of victims of COVID-19. Mexico has surpassed 100,000 confirmed cases, has a reported mortality rate of approximately of 11%, and is one of the countries with the lowest number of diagnostic tests (0.03 tests per 1000 people per day). As of May, there were 8,544 confirmed cases within health-care personnel, and 111 deaths due to COVID-19 (Gobierno de México 2020; Hasell et al. 2020; Vega 2020). We hypothesize that the lack of diagnostic testing may create a sense of false confidence within the general and medical population, and lower the overall stress and fear caused by the pandemic. However, this means that a surge of new cases and deaths by COVID-19 may be at hand.

There is a worldwide shortage of protective equipment for hospital workers, and although the voices of the crowds may sound elevating, they won't ease the fear and anxiety that hospital workers experience each time they enter their workplace. Experiencing the everyday horror of the virus, the death toll, and the loss of medical staff and others from the frontline further elevates stress levels, adding further tension to this high-pressure job. There is also the fear of working next to colleagues who might be COVID-19 positive.

The availability of proper personal protective equipment, knowledge on how to use it, and ongoing training on the disease's symptoms and evolution for medical and non-medical hospital personnel could

decrease this false sense of confidence and motivate them to be more aware of the severity of the global situation.

## Conclusions

The level of fear reported in the surveyed hospital was less than that reported in other hospitals in the region. Our findings show significant differences in fear between men and women, as women reported higher scores to fear in both physical and emotional responses. The medical students in our sample reported a higher level of fear than medical personnel. Additionally, the medical and nursing personnel presented a higher level of fear than hospital staff who did not work directly with COVID-19 patients. Our findings suggest that greater knowledge of medicine or infectious diseases could decrease the overall psychological impact of the pandemic disease.

## Declarations

### Ethical Considerations

Verbal consent was obtained from each participant. The surveys were completed anonymously to guarantee the confidentiality of each of the participants. The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committees on human experimentation and with the 1975 Declaration of Helsinki as revised in Fortaleza, Brazil 2013. The Local Ethics Committee authorized the study protocol with the register number: R-037/2020.

### Conflict of Interest

All authors declare that they have no conflict of interest.

## References

- Ahorsu, D. K., Lin, C., Imani, V., Saffari, M., Griffiths, M. D., & Pakpour, A. H. (2020). The Fear of COVID-19 Scale: Development and initial validation. *International Journal of Mental Health and Addiction*. <https://doi.org/10.1007/s11469-020-00270-8>
- Chua, S. E., Cheung, V., Cheung, C., McAlonan, G. M., Wong, J. W. S., Cheung, E. P. T., ... Tsang, K. W. T. (2004). Psychological effects of the SARS outbreak in Hong Kong on high-risk health care workers. *Canadian Journal of Psychiatry*, *49*(6), 391–393. <https://doi.org/10.1177/070674370404900609>
- Dyer, G. S. M., & Harris, M. B. (2020). What's important: Facing fear in the time of COVID-19. *Journal of Bone & Joint Surgery*, *102*(11), 929–930. <https://doi.org/10.2106/JBJS.20.00469>
- Garcia-Reyna, B., Castillo-García, G. D., Barbosa-Camacho, F. J., Cervantes-Cardona, J. A., Cervantes-Pérez, E., Torres-Mendoza, B. M., ... Cervantes-Guevara G. (2020). Fear of COVID-19 Scale for hospital staff in

regional hospitals in Mexico: A survey study. Manuscript submitted for publication. 2020  
<https://10.21203/rs.3.rs-34065/v1>

Hasell, J., Mathieu, E., Beltekian, D., Giattino, C., Ortiz-Ospina, E., Ritchie, H., & Roser, M. (2020). Coronavirus (COVID-19) testing: Mexico. Retrieved from <https://ourworldindata.org/coronavirus-testing#mexico>

Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., ... Hu, S. (2020). Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA Network Open*, 3(3), e203976. <https://doi.org/10.1001/jamanetworkopen.2020.3976>

Li, Z., Ge, J., Yang, M., Feng, J., Qiao, M., Jiang, R., ... Yang, C. (2020). Vicarious traumatization in the general public, members, and non-members of medical teams aiding in COVID-19 control. *Brain, Behavior, and Immunity*. <https://doi.org/10.1016/j.bbi.2020.03.007>

Lu, W., Wang, H., Lin, Y., & Li, L. (2020). Psychological status of medical workforce during the COVID-19 pandemic: A cross-sectional study. *Psychiatry Research*, 288, 112936. <https://doi.org/10.1016/j.psychres.2020.112936>

Mamun, M. A., & Griffiths, M. D. (2020). First COVID-19 suicide case in Bangladesh due to fear of COVID-19 and xenophobia: Possible suicide prevention strategies. *Asian Journal of Psychiatry*, 51, 102073. <https://doi.org/10.1016/j.ajp.2020.102073>

Gobierno de México, Secretaría de Salud. (2020). Mapa interactivo COVID-19 en México [Interactive map of COVID-19 in Mexico]. Retrieved from: <https://covid19.sinave.gob.mx/>

Pfefferbaum, B., & North, C. S. (2020). Mental health and the Covid-19 pandemic. *New England Journal of Medicine*. <https://doi.org/10.1056/nejmp2008017>

Rajkumar, R. P. (2020). COVID-19 and mental health: A review of the existing literature. *Asian Journal of Psychiatry*, 52, 102066. <https://doi.org/10.1016/j.ajp.2020.102066>

Reznik, A., Gritsenko, V., Konstantinov, V., Khamenka, N., & Isralowitz, R. (2020). COVID-19 Fear in Eastern Europe: Validation of the Fear of COVID-19 Scale. *International Journal of Mental Health and Addiction*. <https://doi.org/10.1007/s11469-020-00283-3>

Sakib, N., Bhuiyan, A. K. M. I., Hossain, S., Al Mamun, F., Hosen, I., Abdullah, A. H., ... Mamun, M. A. (2020). Psychometric validation of the Bangla Fear of COVID-19 Scale: Confirmatory factor analysis and Rasch analysis. *International Journal of Mental Health and Addiction*. <https://doi.org/10.1007/s11469-020-00289-x>

Satici, B., Gocet-Tekin, E., Deniz, M. E., & Satici, S. A. (2020). Adaptation of the Fear of COVID-19 Scale: Its association with psychological distress and life satisfaction in Turkey. *International Journal of Mental Health & Addiction*. <https://doi.org/10.1007/s11469-020-00294-0>

Soraci, P., Ferrari, A., Abbiati, F. A., Del Fante, E., De Pace, R., Urso, A., & Griffiths, M. D. (2020). Validation and psychometric evaluation of the Italian version of the Fear of COVID-19 Scale. *International Journal of Mental Health & Addiction*. <https://doi.org/10.1007/s11469-020-00277-1>

Troyer, E. A., Kohn, J. N., & Hong, S. (2020). Are we facing a crashing wave of neuropsychiatric sequelae of COVID-19? Neuropsychiatric symptoms and potential immunologic mechanisms. *Brain, Behavior & Immunity*. <https://doi.org/10.1016/j.bbi.2020.04.027>

Tzeng, H.-M. (2003). Fighting the SARS epidemic in Taiwan: A nursing perspective. *Journal of Nursing Administration*, *33*(11), 565–567.

Vega, A. (2020). Contagios y muertes en su lucha contra COVID-19: Así ha afectado el coronavirus al sector salud [Contagions and deaths: How COVID-19 has affected the health sector]. Retrieved <https://www.animalpolitico.com/2020/05/contagios-trabajadores-salud-muertes-covid-19/>.

Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., McIntyre, R. S., ... Ho, C. (2020). A longitudinal study on the mental health of general population during the COVID-19 epidemic in China. *Brain, Behavior & Immunity*. <https://doi.org/10.1016/j.bbi.2020.04.028>

Zhou, F., Yu, T., Du, R., Fan, G., Liu, Y., Liu, Z., ... Cao, B. (2020). Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: A retrospective cohort study. *The Lancet*, *395*(10229), 1054–1062. [https://doi.org/10.1016/S0140-6736\(20\)30566-3](https://doi.org/10.1016/S0140-6736(20)30566-3)

## Tables

**Table 1** Demographic characteristics of the sample

<b>Demographic characteristics</b>	
Age (years), (mean $\pm$ SD, range)	37.5 $\pm$ 11 (18-69)
<b>Sex, n (%)</b>	
Female	742 (61%)
Male	474 (39%)
<b>Job categories, n (%)</b>	
Nursing personnel	401 (33%)
Medical personnel	406 (33.4%)
Hospital personnel in direct contact with COVID-19	238 (19.6%)
Administrative personnel	171 (14.1%)
<b>Work shift, n (%)</b>	
Morning shift	630 (51.8%)
Afternoon shift	331 (27.2%)
Mixed shift	138 (11.3%)
Night shift	117 (9.6%)

**Table 2** EFA and CFA correlations and factor loadings

Items	EFA component correlation*		CFA factor loadings	
	Physiological Responses	Emotional Responses	Single-factor model	Two-factor model
1. I am most afraid of coronavirus-19		.87	.53	.65
2. It makes me uncomfortable to think about coronavirus-19		.75	.53	.68
3. My hands become clammy when I think about coronavirus-19	.79		.56	.56
4. I am afraid of losing my life because of coronavirus-19		.65	.64	.77
5. When watching news and stories about coronavirus-19 on social media, I become nervous or anxious	.68		.82	.82
6. I cannot sleep because I am worrying about getting coronavirus-19	.83		.61	.61
7. My heart races or palpitates when I think about getting coronavirus-19	.83		.75	.75

Note: \* Showing values > .50

**Table 3** FCV-19S scores by gender and academic grade

FCV-19S items	Women's mean scores	Men's mean scores	T scores	Medical students' mean scores	Medical personnel	T scores
1. I am most afraid of coronavirus-19	2.90 ± 1.18	2.69 ± 1.24	-3.06**	3.22 ± 1.09	2.98 ± 1.16	1.60
2. It makes me uncomfortable to think about coronavirus-19	2.68 ± 1.22	2.48 ± 1.29	-2.73**	2.58 ± 1.12	2.61 ± 1.22	-0.23
3. My hands become clammy when I think about coronavirus-19	1.93 ± 1.07	1.74 ± .99	-3.02**	1.98 ± 1.02	1.68 ± .93	2.46 *
4. I am afraid of losing my life because of coronavirus-19	2.78 ± 1.35	2.61 ± 1.14	-2.12*	2.95 ± 1.27	2.78 ± 1.32	1.00
5. When watching news and stories about coronavirus-19 on social media, I become nervous or anxious	2.61 ± 1.28	2.13 ± 1.19	-6.51***	2.65 ± 1.17	2.42 ± 1.23	1.42
6. I cannot sleep because I am worrying about getting coronavirus-19	2.04 ± 1.09	1.78 ± 1.03	-4.18***	1.95 ± 0.94	1.90 ± 1.05	0.38
7. My heart races or palpitates when I think about getting coronavirus-19	2.24 ± 1.21	1.88 ± 1.11	-5.19***	2.30 ± 1.15	2.01 ± 1.14	1.92

Notes: *t* values obtained by Student's *t* test, \**p* < .05, \*\**p* < .010, \*\*\**p* < .001. Degrees of freedom = 1212.

Table 4 Comparison of FCV-19S scores in different regions

FCV-19S items	Ahorsu et al. (n = 717)	Reznik et al. (n = 850)	Soraci et al. (n = 249)	Sakib et al. (n = 8550)	García-Reyna et al. (n = 2860)	Present study (n = 1216)
1. I am most afraid of coronavirus-19	3.48 ± 1.14	2.82 ± 1.00	3.44	3.62 ± 1.04	3.18 ± 1.22	2.82 ± 1.21
2. It makes me uncomfortable to think about coronavirus-19	4.01 ± 0.84	3.31 ± 1.11	2.94	3.52 ± 1.06	2.95 ± 1.23	2.60 ± 1.25
3. My hands become clammy when I think about coronavirus-19	3.76 ± 0.88	1.70 ± 0.76	1.50	2.49 ± 1.13	2.32 ± 1.19	1.86 ± 1.25
4. I am afraid of losing my life because of coronavirus-19	4.24 ± 0.90	2.62 ± 1.14	2.41	2.93 ± 1.22	3.11 ± 1.36	2.71 ± 1.37
5. When watching news and stories about coronavirus-19 on social media, I become nervous or anxious	3.53 ± 1.07	3.17 ± 1.08	2.93	3.53 ± 1.07	2.78 ± 1.26	2.42 ± 1.27
6. I cannot sleep because I am worrying about getting coronavirus-19	4.11 ± 0.81	1.53 ± 0.66	1.56	2.41 ± 1.11	2.41 ± 1.23	1.94 ± 1.07
7. My heart races or palpitates when I think about getting coronavirus-19	4.26 ± 0.75	2.07 ± 1.00	2.10	2.88 ± 1.24	2.57 ± 1.26	2.10 ± 1.18

Note: Data are presented as mean scores and standard deviations.