

ORIGINAL ARTICLE

The Psychological Impact of Covid-19 Pandemic on the General Population of Oman: A National Community-based Study

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ABSTRACT

Introduction: Despite evidence that the coronavirus disease 2019 (COVID-19) in general poses unprecedented risks, it is unclear to what extent these consequences have affected the mental health of the general population. This study aims to evaluate the psychological impact of the COVID-19 pandemic on the general population in Oman and to associate the physical health status and psychological impact. **Methods:** A cross-sectional online anonymous survey in which 831 adults from Oman's general population were randomly sampled as per the inclusion criteria. The medical research and ethics commission approved the project. Data were collected after obtaining informed consent from the study participants. The criteria of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders was used to measure the psychological impact. **Results:** Among 831 respondents in this study, only 4.2 % and 14.9 % of total participants reported depressive and anxiety symptoms, respectively. There is a statistically significant difference in psychological scores between males and females at the $p < .05$ level: $F(1, 829) = 16.03, p < .001$. As a result of this discovery, it appears that women are mentally affected by the pandemic. **Conclusion:** The COVID-19 epidemic has had a severe impact on the general population's psychological health in Oman. This survey found that the global health crisis has a psychological impact on most of the adult population, regardless of their age. As a result, early detection, urgent medical intervention, and counseling are required. *Malaysian Journal of Medicine and Health Sciences* (2022) 18(5): 114-121. doi:10.47836/mjmh18.5.16

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INTRODUCTION

Coronavirus disease (COVID-19) outbreak is the world most devastating public health emergencies. The symptoms of COVID-19 appear within two to 14 days after exposure with a constellation of symptoms including fever, cough, a runny nose, and difficulty breathing. It is associated with several severe health complications. Most notably, it increases the risk of pulmonary, cardiovascular events and increases overall mortality. COVID-19 can severely inhibit many of the normal physical functions that a healthy adult would have. The accelerating coronavirus pandemic continues to be a major catastrophe and can significantly affect mental health for everyone the patients, their family,

and the society at large. Even after their physical needs are met the psychological scars remain (1).

The impact of COVID-19 on mental health is still unknown. Anxiety, depressive disorders, sadness, and hostility are just a few of the mental health issues that this demographic deals with (2,3). Anxiety about developing the disease, as well as an increase in loneliness and isolation, can exacerbate and precipitate symptoms (4). The most severe negative psychological impacts were seen in women, young individuals, and those who lost their jobs as a result of the health crisis, followed by those who were unemployed (5).

More than two hundred thousand COVID-19 positive cases have been reported in Oman (6). HM the Sultan Haitham Bin Tarik issued Royal Orders to organise a supreme coronavirus commission to strategically monitor the virus's growth and devise appropriate solutions to prevent the pandemic from spreading throughout the

Sultanate. A comprehensive and reliable screening, quarantine, and surveillance system was established. The majority of the people were also subjected to household and institutional quarantine. Authorities also cancelled on-site educational activities, halted all public social gatherings, and ordered the closure of all mosques, among other things, in addition to restricting people's movement.

Despite the ministry of health's effective steps to improve the mental health of persons recuperating from COVID-19, the healing process is only beginning and will take years. Patients often have negative mental health outcomes because of the outbreak situation, with 28.8% having severe depression or anxious symptoms. Physical and psychological stress were described by 8.1 percent as moderate to high (7). Many people have lost their employment because of these restrictions, either temporarily or permanently, adding to the fear and worry that accompanies the current economic crisis. These factors have combined to drastically disrupt people's lives in Oman, resulting in a detrimental psychological impact (8).

Most statistics in Oman pertains to health-care workers. However, little is known regarding the psychological effects of the COVID-19 pandemic on the general populace. A high prevalence of stress, anxiety, and poor psychological well-being was found in several studies involving physicians and nurses from various health facilities in Oman assessing the impact of COVID-19 on mental health, particularly among females, young health care workers (HCWs), and those who have interacted with known or suspected COVID-19 patients (9,10).

In female health care professionals, anxiety, stress, and well-being were all significant predictors of poor sleep quality (9). All the participants in a study to see how the COVID-19 pandemic affected different grades of HCWs experienced feelings of despair, anxiety, stress, and insomnia. In contrast, there were no significant differences in depressed state between the frontline and non-frontline groups (11).

Psychological difficulties were classified because of social alienation, the treatment of dead bodies, health care professional exhaustion, and the risk of exposure, according to the findings of a qualitative study involving forty participants. The vast majority of COVID-19 participants regarded their experience as a "knowledge experience" in which they were always learning (12).

People who are affected by COVID-19 have done nothing wrong, and they deserve our assistance, compassion, and kindness during this time of worldwide epidemic. Recognizing, recognizing, and acting on mental distress in these uncertain times is vital to decreasing the impact. There is still a scarcity of detailed information about the general nature and degree of mental health

and psychosocial difficulties in the COVID19-affected people. In Oman, there has been no published research on the psychological effects of COVID-19 in the general population. As a result, early diagnosis of the psychological impact of the COVID-19 pandemic on the general population of Oman is a critical health-care challenge that can lead to the development of suitable health-care interventions and, as a result, a successful and rapid recovery.

MATERIALS AND METHODS

A cross-sectional study was carried out utilising web-based questionnaires in Arabic and English, with the Arabic version having been validated before to use. We acquired information by conducting an anonymous online survey. In the development of this manuscript, the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) Statement was followed. Inclusion criteria was, participants 18 years old or older, not currently suffering of severe mental or psychological illnesses.

Outcome measures were assessed by using an online screening questionnaire created with Google Forms, social media groups comprised of citizens and or residents of Oman. The primary outcome was the psychological impact (Depression and Anxiety) of the COVID-19 pandemic. The questionnaire included several parts. First, the Sociodemographic data includes age, gender, marital status, education, financial, living circumstances. Second, clinical data includes history and type of medical illness, mental illness, drug, and alcohol use, smoking habit, and family history of mental illness. Third, COVID-19 related questions, which includes the quarantine measures of COVID-19, having family member, friend, and/or neighbour who was diagnosed with COVID-19 or been lost due to the same reason. Assessment of anxiety symptoms by simple anxiety-related questions that emerge during the COVID-19 pandemic. Fourth, assessment of depressive symptoms by simple depression-related questions. The questionnaire was developed through literature review and based on the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) published in 2013 (13). It was revised by the study team who were experts in the field and was piloted on 20 participants before the initiation of the study. Study questionnaire reliability was calculated using internal consistency (Cronbach alpha=.82) and has been validated successfully in this population.

Consenting participants were requested to complete the survey completely, ensuring that no missing data was collected in this study. Secondary outcomes were association between the psychological impact (depression, and anxiety) and the physical health status during the COVID-19 pandemic. The survey addressed the participant's knowledge concerns, psychological

impact, and physical health status. The survey covered the sociodemographic variables including gender, age, education, employment status, marital status, and financial status.

Ethical Approval

Participants were informed about the methods, hazards, confidentiality, and voluntariness of participation, and their agreement to participate was shown by the return of the completed consent and survey. The medical research ethics committee (MREC) at Sultan Qaboos University in Muscat, Oman, approved to the study (SQU_EC/199/2021, MREC#2238).

Statistical Analysis

The statistical analysis was conducted using IBM SPSS Statistics for Windows, version 20.0, which is available for download (IBM Corp., Armonk, NY, USA). A descriptive statistic was used to describe the demographic characteristics of the respondents in the total sample (N = 831). The association between each demographic characteristic and the dependent variable of psychological impact during the COVID 19 Pandemic was investigated using a Chi-square test with cross-tabulation.

RESULTS

Respondent Demographical characteristics

An overall number of 1001 responses were received in this investigation. A total of 831 replies were analysed after 170 respondents with a pre-existing neuropsychiatric disease were excluded from the study. Table 1 shows the demographic characteristics of those who answered the survey questions. In all, 831 patients returned their full questionnaire, with 43.6 percent of them being women and 56.4 percent being men. The age groups were divided into the following categories: 29.2 percent of participants (n=253) were between the ages of 18 and 30 years, 33 percent between the ages of 31 and 40 years (n=274), 22.6 percent between the ages of 41 and 50 years (n=188), only 7.9 percent between the ages of 51 and 60 years (n=66), and 7.2 percent above the age of 60 years (n=60). The majority (69.9 percent) were married, had at least a bachelor's degree (55.5 percent), were employed (60.8 percent), were in good financial stability (83 percent), and only 7.7 percent were living alone.

The association between demographic characteristics and psychological impact

The symptoms of depression and anxiety were assessed using criteria from DSM-5 and the results of cross-tabulation analysis revealed that only 4.2 percent and 14.9 percent of the total participants reported depressive and anxiety symptoms, respectively, according to the results. While 8.7 percent reported having both depression and anxiety. The following paragraphs discuss the association using Chi-square tests between

the demographic characteristics and psychological impact during the COVID 19 outbreak.

Table I shows there is a significant association between gender and the psychological impact ($p < 0.001$). The mean score for females is higher ($M = 1.72$, $SD = 1.12$) than male ($M = 1.44$, $SD = 0.87$) respondents. The result suggests that the impact of the COVID-19 outbreak is heavily felt by female respondents, where 15.1 percent saying they are feeling anxious, 12.6 percent felt both sad or depressed and anxious, while only 4.5 percent saying they are feeling depressed, compared to 14.6 percent, 3.6 percent, and 3.9 percent to males respectively.

Next, the respondents were divided into five groups based on their chronological age (Group 1: 18-30 years; Group 2: 31 to 40 years; Group 3: 41-50 years; Group 4: 51 years- 60 years; Group 5: 60 years and above). There is a statistically significant association in psychological effect scores between the five age groups at the $p < 0.001$. Of all the age groups surveyed, 29.2 percent of younger respondents aged between 18 and 30 years ($M = 1.85$, $SD = 1.18$) said that they were feeling more anxious (16.0 percent) follows with feeling both sad and anxious (15.6 percent), compared to feeling depressed (6.2 percent).

Meanwhile, adult aged between 31 and 40 years ($M = 1.53$, $SD = 0.94$) like younger respondents, they deeply felt more anxious (16.4 percent), while 5.1 percent feeling both sad and anxious at the same time, compared to 4.4 percent respondents were feeling depressed. Next, when compared to the respondents with age group between 40 and 50 years ($M = 1.59$, $SD = 1.01$) saying that the impact of the COVID-19 outbreak is heavily felt more on anxiety (16.5 percent), follows with both depression and anxiety (7.4 percent) and finally, depression of 3.2 percent.

In contrast, of all the respondents with age groups between 51 and 60 years ($M = 1.32$, $SD = 0.84$), 6.1 percent felt equally anxious and both anxious and depressed as compared to 1.5 percent feeling sad or depressed. Finally, the older respondents age more than 60 years ($M = 1.28$, $SD = 0.76$) said that they felt anxious (8.3 percent), compared to both anxious and depressed of 3.3 percent and sad (1.7 percent).

There is a significant association between marital status and the psychological impact of the COVID-19 outbreak ($p < 0.001$). The mean score for married is higher ($M = 1.52$, $SD = 0.95$) follows with single ($M = 1.75$, $SD = 1.16$), divorced ($M = 2.32$, $SD = 1.35$) and widow(er) ($M = 1.44$, $SD = 0.81$) respondents. The results in Table 1 suggest that the impact of the COVID-19 outbreak is heavily felt by married respondents, where 15.3 percent of the married respondents said that they are feeling anxious, 5.9 percent felt both sad or depressed and anxious, while only 4.0 percent saying they are feeling depressed.

Table I: Association between Demographic Variables, Quarantine Period and Psychological Impact during COVID 19 Pandemic

Variable	N (%)	Mean (M)	SD	P _{-value}	Psychological Impact			
					Normal n (%)	Depression n (%)	Anxiety n (%)	Depression and Anxiety n (%)
Gender				0.000***				
Male	362 (43.6)	1.44	0.87		282 (77.9)	14 (3.9)	53 (14.6)	13 (3.6)
Female	469 (56.4)	1.72	1.12		318 (67.8)	21 (4.5)	71 (15.1)	59 (12.6)
Age				0.000***				
18-30 years	243 (29.2)	1.85	1.18		151 (62.1)	15 (6.2)	39 (16.0)	38 (15.6)
31-40 years	274 (33.0)	1.53	0.94		203 (74.1)	12 (4.4)	45 (16.4)	14 (5.1)
41-50 years	188 (22.6)	1.59	1.01		137 (72.9)	6 (3.2)	31 (16.5)	14 (7.4)
51-60 years	66 (7.9)	1.32	0.84		57 (86.4)	1 (1.5)	4 (6.1)	4 (6.1)
> 60 years	60 (7.2)	1.28	0.76		52 (86.7)	1 (1.7)	5 (8.3)	2 (3.3)
Marital status				0.000***				
Single	209 (25.2)	1.75	1.16		141 (67.5)	11 (5.3)	26 (12.4)	31 (14.8)
Married	581 (69.9)	2.52	0.95		435 (74.9)	23 (4.0)	89 (15.3)	34 (5.9)
Divorced	25 (3.0)	2.32	1.35		12 (48.0)	0 (0)	6 (24.0)	7 (28.0)
Widow(er)	16 (1.9)	1.44	0.81		12 (75.0)	1 (6.3)	3 (18.8)	0 (0)
Level of education				0.647				
Illiterate	23 (2.8)	1.35	0.83		19 (82.6)	1 (4.3)	1 (8.7)	1 (3.9)
I can read and write	6 (0.7)	1.00	0.00		6 (100)	0 (0)	0 (0)	0 (0)
Less than High School	24 (2.9)	1.33	0.76		20 (83.3)	0 (0)	4 (16.7)	0 (0)
High School graduate	114 (13.7)	1.54	0.96		84 (73.7)	6 (5.3)	17 (14.9)	7 (6.1)
Bachelor degree	461 (55.5)	1.68	1.08		318 (69.0)	20 (4.3)	76 (16.5)	47 (10.2)
Postgraduate	203 (24.4)	1.54	1.00		153 (75.4)	8 (3.9)	25 (3.9)	17 (8.4)
Employment				0.024*				
Yes	505 (60.6)	1.58	1.01		369 (73.1)	19 (3.8)	78 (15.4)	39 (7.7)
No	267 (32.2)	1.73	1.11		179 (67.0)	13 (4.9)	44 (16.5)	31 (11.6)
Retired	59 (7.1)	1.22	0.67		52 (88.1)	3 (5.1)	2 (3.4)	2 (3.4)
Financially stable				0.033*				
Yes	690 (83.0)	1.56	0.99		507 (73.5)	30 (4.3)	102 (14.8)	51 (7.4)
No	141 (17.0)	1.79	1.17		93 (66.0)	5 (3.5)	22 (3.5)	21 (14.9)
<i>Living alone</i>				0.190				
Yes	64 (7.7)	1.48	0.94		50 (78.1)	0 (0)	11 (17.2)	3 (4.7)
No	767 (92.3)	1.61	1.04		550 (71.7)	35 (4.6)	113 (14.7)	69 (9.0)
Quarantine due to COVID 19				0.005**				
Yes	205 (24.7)	1.80	1.13		129 (62.9)	13 (6.3)	37 (18.0)	26 (12.7)
No	626 (75.3)	1.53	0.99		471 (75.2)	22 (3.5)	87 (13.9)	46 (7.3)
<i>If, yes</i>				0.018*				
1 time	160 (24.5)				104 (65.0)	8 (5.0)	28 (17.5)	20 (12.5)
2 times	36 (4.3)				19 (52.8)	5 (13.9)	8 (22.2)	4 (11.1)
3 times	7 (0.8)				5 (71.4)	0 (0)	1 (14.3)	1 (14.3)
> 3 times	2 (0.2)				1 (50.0)	0 (0)	0 (0)	1 (50.0)
Emotionally affected				0.000***				
Yes	118 (57.6)	2.24	1.22		52 (44.1)	11 (9.3)	30 (25.4)	25 (21.2)
No	87 (42.4)	1.22	0.64		77 (88.5)	2 (2.3)	7 (8.0)	1 (1.1)

P<0.001***; <0.01**; <0.05*; SD = Standard deviation

The results in table I indicate that 14.8 percent of single respondents are feeling both sad or depressed and anxious, while 12.4 percent feeling anxious, and 5.3 percent felt depressed.

Similarly, 28.0 percent of respondents who are divorced felt heavily on both sad or depressed and anxious, and 24. percent feeling anxious. In comparison, 18.8 percent

of widow(er) respondents are feeling anxious and 6.3 percent depressed.

The result in table I indicates no significant association between levels of education and psychological impact during the COVID 19 Pandemic as expected. In other words, the psychological impact during the crisis applies to anyone regardless of his or her educational

background.

Table I shows there is a significant association between gender and the psychological impact ($p < 0.05$). Unemployed respondents ($M = 1.73$, $SD = 1.11$) is higher compared to employed and retired ($M = 1.58$, $SD = 1.01$) and retired ($M = 1.22$, $SD = 0.76$). They felt anxious than both depressed and anxious (11.6 percent) and depressed of 4.9 percent.

Meanwhile, more than 50 percent of the surveyed respondents ($M = 1.58$, $SD = 1.01$) felt mostly anxious (15.4 percent) as compared to both sad and anxious (7.7 percent) and depressed of 3.8 percent. Retiree seemed to be more depressed (5.1 percent) than feeling equally anxious (3.4 percent) and both depressed and anxious (3.4 percent) during the crisis.

The study's result reveals that respondents who are not financially stable ($M = 1.79$, $SD = 1.17$) are feeling both depressed and anxious than depressed (3.5 percent) and anxious (3.5 percent) than those who are financially stable ($M = 1.56$, $SD = 0.99$) during the COVID-19 outbreak. Like levels of education, there is no significant

association between living alone and psychological impact during the pandemic. The reason being that 92.3 percent are not living alone.

Indeed, there is a significant association between quarantine and the psychological impact at $p < 0.01$ as expected because of stressful experiences during a quarantine period. The respondents who have been quarantined because of the COVID-19 ($M = 1.80$, $SD = 1.13$) said they felt more anxious (18.0 percent) than both depressed and anxious (12.7 percent) and depressed (6.3 percent). Finally, the results of the analysis in Table I indicate that there is a significant association between the number of times being quarantined and the psychological impact of COVID-19 at $p < 0.05$. And, between the respondents' emotional effect at $p < 0.001$.

Physical health status and psychological impact during the COVID 19 pandemic

As shown in Table II, only 20% of participants ($n=166$) reported having a chronic illness, 21.3 percent reported having a family member with a psychiatric disorder, 4.9 percent acknowledged being smokers, and 5.5 percent reported consuming alcoholic beverages. Hypertension

Table II: Association between Physical Health Status and Psychological Impact during COVID 19 Pandemic

Variable	N (%)	P-Value	Psychological Impact			
			Normal n (%)	Depression n (%)	Anxiety n (%)	Depression and Anxiety n (%)
Diagnose with chronic illness		0.255				
Yes	166 (20.0)		113 (68.1)	5 (3.0)	32 (19.3)	16 (9.6)
No	665 (80.0)		487 (73.2)	30 (4.5)	92 (13.8)	56 (8.4)
If, yes		0.075				
Hypertension	48 (24.5)		37 (77.1)	0 (0)	8 (16.7)	3 (6.3)
Diabetes	47 (24.0)		32 (68.1)	3 (6.4)	9 (19.1)	3 (6.4)
Heart disease	8 (4.1)		5 (62.5)	0 (0)	2 (25.0)	1 (12.5)
Asthma	30 (15.3)		19 (63.3)	1 (3.3)	3 (10.0)	7 (23.3)
Kidney diseases	4 (2.0)		1(25.0)	0 (0)	9 (75.0)	0 (0)
Others	59 (30.1)		40 (67.8)	5 (8.5)	34 (15.3)	5 (8.5)
Family member with psychiatric disorder		0.151				
Yes	177 (21.3)		116 (65.5)	10 (5.6)	31 (17.5)	20 (11.3)
No	654 (78.7)		484 (74.0)	25 (3.8)	93 (14.2)	52 (8.0)
If, yes		0.000**				
Major depression disorder	40 (20.4)		30 (75.0)	1 (2.5)	3 (7.5)	6 (15.0)
Bipolar disorder	27 (13.8)		15 (55.6)	0 (0)	6 (22.2)	6 (22.2)
Anxiety disorder	7 (3.6)		6 (85.7)	0 (0)	1 (14.3)	0 (0)
Psychotic disorder	18 (9.2)		10 (55.6)	0 (0)	6 (33.3)	2 (11.1)
Post-traumatic stress disorder	9 (4.6)		6 (66.7)	0 (0)	1 (11.1)	2 (22.2)
Obsessive compulsive disorder	16 (8.2)		3 (18.8)	4 (25.0)	5 (31.3)	4 (25.0)
Others	79 (40.3)		60 (75.9)	6 (7.6)	11 (13.9)	2 (2.5)
Smoker		0.772				
Yes	76 (9.1)		51 (67.1)	4 (5.3)	13 (17.1)	8 (10.5)
No	755 (90.9)		549 (72.7)	31 (4.1)	111 (14.7)	64 (8.5)
Consume any substance or alcohol		0.329				
Yes	41 (4.9)		26 (63.4)	1 (2.4)	10 (24.4)	4 (9.8)
No	790 (95.1)		574 (72.7)	34 (4.3)	114 (14.4)	68 (8.6)

$P < 0.001$ ***

and diabetes mellitus type II (24.5 and 24 percent, respectively) and asthma (15.3%) are the most frequent chronic illnesses among the participants, respectively. The most frequently reported psychiatric disorders in the participants' families were major depressive illness (4.8 percent) and bipolar disorder (3.2 percent). There is no relationship between the physical health status and psychological impact during the COVID19 pandemic period. Among the most promising findings, there is a statistically significant association between psychological impact during the COVID 19 pandemic and having a family member who suffers from a mental illness at the level of $p < 0.00$.

DISCUSSION

The aim of the study is to determine the psychological impact of the COVID-19 pandemic on the general population of Oman. To our knowledge, this is the first study that has examined the psychological impact of COVID-19 on the general population in the country. Our results revealed that only 4.2 percent and 14.9 percent of the total participants reported depressive and anxiety symptoms, respectively. These results are lower than studies conducted elsewhere. According to the Depression, Anxiety, and Stress Scale (DASS-21), a study carried out in Saudi Arabia found a higher percentage (28.3 percent) of depressive symptoms and a higher percentage (24 percent) of anxiety than our study (14). Compared to our study, a multi-centre study that included participants from Oman, Saudi Arabia, and Jordan indicated significantly greater rates of depression, anxiety, and stress among teenagers (15). According to a study conducted in China, 16.5 percent and 28 percent of participants experienced depression and anxious symptoms, respectively (16). As revealed by Salari et al. (2020), a higher percentage of depression and anxiety was reported, with 33.7 percent, 31.9 percent, and 29.6 percent of the population suffering from depression, anxiety, and stress, respectively (1). Other research conducted in China revealed a far worse psychological impact (7,16). Those studies demonstrate that different populations throughout the world have experienced varying degrees of psychological impact. The decreased prevalence of depression and anxiety in our investigations when compared to other studies can be related to the differences in the research methods employed in the studies. Other studies have utilised scale-type questionnaires such as the DASS-21 scale to evaluate depression and anxiety variables, but our study used a categorical (dichotomous) response with a 'yes' or 'no' response to measure depression and anxiety variables. Furthermore, there may be other factors that influence the results of the study, such as the timing of the data collection. The gathering of data during the implementation of COVID19 restrictions such as curfews and quarantines resulted in higher percentages of depression and anxiety scores. Our data show that females appear to be more sensitive to the

pandemic than males. These findings were similar in studies conducted elsewhere (16–18). Moreover, being divorced was found to be strongly related to depression and anxiety. Such findings were expected, given the fact that family instability might exacerbate sadness and anxiety in people's lives (19). Moreover, because the number of divorcees included in this study was so small, the results may not be reliable.

Financial stability and employment were found to be significantly associated with the psychological impact of the COVID19 pandemic, indicating that the COVID19 pandemic has an economic impact that cannot be ignored and that families with lower incomes are fearful of losing their jobs and homes because of the pandemic. Several steps have been launched by the Omani government to help offset the harm, including the provision of free health care to everyone, including expatriates. Moreover, several individual and community/society efforts, such as the collecting of monetary donations and other contributions to assist those most in need, have been implemented.

People who reported having a family member suffering from a mental illness had a considerably greater psychological impact during the COVID 19 pandemic. When compared to other groups, those individuals are more prone to stress. Our study excluded participants with reported mental problems, because we did not utilise a scale approach to assess the severity of the psychological impact, such as the DASS or IER-S scales, to assess the severity of psychological impact. People suffering from psychiatric diseases, on the other hand, are more likely to experience higher levels of depression and anxiety (20).

Participants reported having a chronic condition, which did not appear to be associated with depression or anxiety in any substantial way. This finding is in keeping with research conducted in Saudi Arabia, which found that individuals who reported having a chronic ailment had lower scores on the stress subscale, a finding that was supported by the findings of this study.¹⁷ These findings, on the other hand, were in conflict with those of a study conducted on the Chinese Mainland (16).

There are certain limitations to the current study. An important limitation of the study is that the depression and anxiety variables are measured using a single categorical (dichotomous) response with either a "yes" or "no" response as the response option. When used for research purposes, the dichotomous response (in DMS-5 tool) may not provide an accurate assessment of depression and anxiety symptoms. The second limitation of this study is that the data was collected by an online questionnaire, which may not be a fair representation of the participants' mental health. Prospective Qualitative and quantitative studies are needed to provide more reliable data. The third drawback is that online surveys

may not reach people who do not use social media. Therefore, the results may not be applicable to the entire population. Self-reported psychological effect obtained by an online questionnaire may not be an adequate indicator of mental health status. Consequently, prospective research incorporating physical interviews are required to obtain more precise information about mental health status. Finally, a variety of other conditions, such as quarantine, curfew, and lockdown, may have an impact on participant reactions. Because the questionnaire was distributed over a six-month period, it is possible that different phases of the pandemic and psychological outcomes were experienced during the crisis, and thus the results cannot be generalised to all periods of the COVID19 pandemic. Despite these limitations, the findings of the present study revealed the severity of the psychological impact of the COVID19 pandemic on the general population in Oman, which is a significant contribution to the field of psychology.

CONCLUSION

In conclusion, this study provides evidence that, COVID-19 pandemic caused psychological impact on the general population in Oman. There is a pressing need for authorities to take the psychological impact of the COVID19 pandemic into consideration while developing solutions to combat the pandemic. It is possible that providing comprehensive psychoeducational and medical interventions in conjunction with counselling will aid in the reduction of psychological distress and hence the improvement of the quality of life.

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