

***Mediating Role of Resilience Between Health Anxiety and Psychological Well-Being:  
Study Among Medical Doctors in Aceh, Indonesia During Coronavirus Pandemic***

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The Asian Conference on the Social Sciences 2022  
Official Conference Proceedings

**Abstract**

During COVID-19 pandemic, medical practitioners especially doctors experienced a high prevalence of health anxiety. It is undeniable that this condition affects their psychological well-being, therefore they have to be more resilient in facing this high pressure environments. The aim of this study was to verify the mediating role of resilience between health anxiety and psychological well-being among medical doctors. The number of participants recruited was 338 medical doctors in Aceh Province-Indonesia, with 33.1% (n=112) men and 66.9% (n=226) women. The Connor-Davidson Resilience Scale, Short Health Anxiety Inventory, and Ryff's Psychological Well-Being Scales were utilized in this study. Those scales have been tested with a high reliability of 0.93, 0.85, and 0.89, respectively. The data collected were analyzed with several regression analyses and the results proved that resilience plays a mediating role between health anxiety and psychological well-being. The mediation model had a good fit to the data,  $F(2, 335) = 132.66, p < 0.00$ . The adjusted  $R^2$  was 0.44, this meant that the model explained approximately 44% of the variation for the dependent variable. The standardized regression coefficient indicated that the mediator mediated the relationship between independent and dependent variable,  $\beta = 0.66, p = 0.00$ . The findings of this study extended previous researches and provided valuable evidence on the importance of mental health for medical doctors at the workplaces. Perhaps the results can benefit in developing the psychological skills training for them in order to reduce their health anxiety.

Keywords: Resilience, Health Anxiety, Psychological Well-Being, Medical Doctors, COVID-19 Pandemic

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## **Introduction**

During the COVID-19 pandemic, medical professionals, especially doctors, experienced a high prevalence of health anxiety. Their presence at the forefront in dealing with patients exposed to the corona virus, makes the vigilance of doctors now at critical alarm. It is undeniable that this health anxiety affects their psychological well-being, which if it does not get serious attention it will affect their capacity to treat patients (Asmundson, & Taylor, 2020).

## **Body**

In terminology, health anxiety is defined as a person's tendency to feel alert to all stimuli related to illness (Taylor, 2019). In addition, individuals with health anxiety consider themselves unable to cope with or prevent the perceived threat (in this case the presence of a serious medical illness) (Özdin & Bayrak-Özdin, 2020). According to the biopsychosocial approach, health anxiety arises from normal physiological, psychological, and environmental processes. When people acquire certain maladaptive beliefs about health and illness, they begin to routinely misinterpret harmless bodily sensations as indicative of serious illness (Olatunji, 2009). The biopsychosocial approach also states that health anxiety begins with the fact that the human body is always changing, receptive, responsive to various external and internal stimuli, and has many interrelated systems. Sometimes we may pay attention to "body sounds" or listen very carefully to changes in body sensations, such as stomach rumbling or the sound of muscles being stretched. These body sounds are also called body noises and we all experience them (Abramowitz, Olatunji, & Deacon, 2007).

The cognitive-behavioral approach says that health anxiety arises because it is triggered by a number of misinterpretations of stimuli related to illness (Taylor, 2019). A number of scientific evidence shows that changes in sensation in the body can lead to emotional reactions (fear and anxiety) as well as behavior (coping strategies). Individuals with excessive health anxiety symptoms will view these changes in sensation as a potentially dangerous sign that can threaten their lives. Then why do some people hold maladaptive and dysfunctional beliefs about health, illness, death, and medication. Perhaps certain types of stressful or traumatic events, such as suffering from an illness or even witnessing a relative suffer, can lead a person to overestimate health risks. Many people with severe health anxiety report experiencing one or more medical problems in the past (Krautwurst, Gerlach, & Witthöft, 2016). These dysfunctional health-related beliefs may also be formed by observing loved ones and authority figures dealing with illness. For example, children learn attitudes about health and illness by observing their parents managing these situations (Thorgaard, Frostholm, & Rask, 2018). Overreaction to minor injuries, overuse of health care, and frequent complaining can also convey to the child that any kind of pain or injury is a serious problem that should not be ignored (Taylor, Asmundson, & Hyprochondria, 2004).

Currently, all countries in the world are being shocked by the presence of Covid-19 virus –a new virus that attacks human respiratory system. This Covid-19 pandemic cannot be separated from the presence of health workers, especially medical doctors. They are frontline professionals who are always ready to handle and treat Covid-19 patients. The doctor's job has several characteristics that create high work demands, such as routine work, tight work schedules, responsibility for the safety and health of oneself and others, and are required to be able to work in teams (McDowell, 2010).

Based on the studies found that during this pandemic the death rate for medical and health personnel is increasing and worrying. In addition to the high mortality rate, this pandemic also affects doctors psychologically because they experience high stress and tremendous pressure. According to Blekas, Voitsidis, and Athanasiadou (2020), Covid-19 makes doctors face enormous stressors in their daily clinical practice, such as increased workload, adaptation to various roles, reduced time spent with family, and emotional problems such as stress, guilt, and fears about personal safety.

Doctors who are directly involved in the care of Covid-19 patients are at high risk of experiencing psychological distress and other mental health symptoms such as post-traumatic stress symptoms (Chew, Lee, & Tan, 2020). If doctors are less able to manage their work, it is feared that they will experience physical and mental fatigue which will impact on service quality and decrease patient satisfaction (Cheng & Cheng, 2017). The challenges faced by doctors in the workplace can affect their performance, health, and psychological well-being (Foster, et al., 2019).

According to Ryff (1989), psychological well-being is the ability of individuals to achieve their psychological potential by accepting their strengths and weaknesses, having a purpose in life, having positive relationships with others, not depending on others, being able to control the environment, and continuing to grow personally. Ramos (2007) states that psychological well-being is a condition in which individuals have harmonious relationships with other individuals or in a group.

In order to maintain their psychological wellbeing, doctors have to be more resilient in facing their high pressure environments (McKinley et al., 2019). According to Zautra, Hall, and Murray (2010), resilience is best defined as successful adaptation to adverse circumstances. Personal characteristics would determine resilience processes if those characteristics lead to healthy outcomes after the stressful situations (Zautra et al., 2010). Therefore, the aim of this study was to verify the mediating role of resilience between health anxiety and psychological well-being among medical doctors.

## **Conclusion**

The results proved that resilience plays a mediating role between health anxiety and psychological well-being. The mediation model had a good fit to the data,  $F(2, 335) = 132.66$ ,  $p < 0.00$ . The adjusted  $R^2$  was 0.44 This meant that the model explained approximately 44% of the variation for the dependent variable. The standardized regression coefficient indicated that the mediator mediated the relationship between independent and dependent variable,  $\beta = 0.66$ ,  $p = 0.00$ . The findings of this study extended previous researches and provided valuable evidence on the importance of mental health for medical doctors at the workplaces.

Medical doctors are at a higher risk of anxiety and depression when compared with the wider population (Shanafelt et al., 2012; Mason, O'Keeffe, Carter, & Stride, 2016). The nature of their profession often results in exposure to elevated levels of stress, high pressure environments, and feelings of uncertainty. Working closely with patients and the complexity of the doctor-patient relationship introduces a number of both positive and negative emotions. Long working hours and sleep deprivation have a detrimental effect on both physical and mental well-being (Costa, Accattoli, Garbarino, Magnavita, & Roscelli, 2016; Garbarino, Lanteri, Durando, Magnavita, & Sannita, 2016). Especially during this COVID-19 outbreak,

their presence at the forefront in dealing with patients exposed to the coronavirus, makes the vigilance of doctors at critical alarm. Perhaps the results can benefit in developing the psychological skills training for them in order to reduce their health anxiety. As they are the front-line professional who directly deal with patients during this COVID-19 outbreak, their psychological well-being have to be maintained. Although this research contributed to some advantages, it also had some limitations. First, as the participants were only medical doctors, so the results could not be generalized into other health practitioners, including nurses. Not only that, as the correlation was only utilized to measure the association, the findings were less comprehensive.

### **Acknowledgements**

We thank all the participants of this study and their efforts to complete the study.

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