

# Level of Anxiety among Jordanians in the Light of Some Variables

Hanan Jamil Halaseh

Department of psychology - Isra university, Jordan 2016.

## Abstract

The purpose of this study is to examine the level of anxiety among Jordanians in the light of some variables. A total sample of 200 participants 112 males and 88 females, was randomly selected from five categories according to age, qualification, monthly income, marital status, and nature of work. All the respondents were from low, middle, and high class family belongs to different cities, moreover the results of the study indicated that the Jordanian peoples are living with a high level of anxiety, additionally, that there are no statistically differences in level of anxiety among Jordanian peoples based on the demographic variables.

**Key:** level of anxiety, Jordanian peoples.

## Introduction

Many people feel nervous when faced with a life problem such as taking exam, important decision, and at work, it's a normal emotion which causes by worry about future life events and fear is a reaction to current events. These feelings may cause physical symptoms involve more than temporary worry or fear (Marteau, Kidd, and Cuddeford, 1996). For a person this emotion does not go away and can get worse over time. also the feelings can interfere with daily activities such as job performance, work, and social relationships. This type of disorder is a serious mental illness. For people who have one, worry and fear are constant and overwhelming, and can be disabling (Charles,1983).

Anxiety disorder is not an illness that you either have or do not have everyone has experienced anxiety. The person can remember stressful times when we have felt anxious, like going for job interview or going to the dentist. That is perfectly normal, while the anxiety being a problem in different conditions such as experienced frequently or occurs in situations that should not really be stressful (Kent,1984). When a people feel anxiety they experience physical feelings and worrying thoughts can make him hard to do even simple tasks and so they begin to avoid things. Often the person does not understand why they feel as they do. When relax situation he can see that his worries are over the top, but when the anxiety builds up they feel overwhelmed once again (Locker, Liddle, and Burman,1991).

## Causes of Anxiety

The anxiety disorders causes are a combination of personal, biological and environmental condition include a childhood history abuse, mental disorders, and poverty. Some people have had difficult experiences earlier in life and this can make them more likely to get anxious. Other people have always been the worrying type. For many people, anxiety problems begin following a time of stress. E.g. they have difficulties at work or in a relationship, have been bereaved, are in poor health or have money worries (Robert and Anda, 2013). Stress can cause physical changes in the body and make it more likely that anxiety begins. When a person stressed, adrenalin gets released into his body. This is a chemical react which makes a body ready to run away or cope what it thinks is dangerous. Also When a person was cave, this was useful, as he was living in the wild and faced many dangers that was threatening to him. In the fact this doesn't happen to the person in same condition nowadays, but there are times when our body feels we are in danger and that harm might come to him. or if climbing up a high step ladder or if hearing a sudden loud noise. In such situations the body goes ready for action such as a heart goes faster and breathe quicker). But we can also react in the same way to things that worry us, like being criticised (Nolen-Hoeksema, 2013).

Anxiety and depression can be caused by alcohol abuse, which in most cases improves with prolonged abstinence, may be as a side-effect of an underlying endocrine disease that causes nervous system hyperactivity, such as pheochromocytomatous or hyperthyroidism, and anxiety can arise in response to life stresses such as financial worries, chronic physical illness, social interaction, evaluation, and body image. On the other hand, anxiety also common among older people who have dementia, and older adults when doctors misinterpret symptoms of a physical ailment for instance, racing heartbeat due to cardiac arrhythmia as signs of anxiety (APA, 2013)

### **Effects of Anxiety**

The anxiety affects depending on how the person think, what the person do, and how the person body react. When a person anxious describe as having thoughts come automatically into his mid, moreover there are two things should be remembered about automatic thoughts first, the thoughts are irrational and unrealistic, and the person will not die or go mad. Second, the end up making you feel more anxious the person think that he is not going to cope will worry even more (APA,2013). The person feels anxiety when avoiding thing such as chatting to people, going out alone, and sleep alone. People usually do this because they think that they will fight badly. In term of anxiety symptoms its very unpleasant and sometimes seem to appear for no reason, people worry that they have a serious physical problem or that something terrible is going to happen (Zalta, Chambless and Dianne ,2012).

Sometimes the effects of anxiety are experienced in a specific way and are recognised as a particular anxiety condition. The most common anxiety conditions are, free floating or generalised anxiety, Panic attacks, Phobias including agoraphobia, social phobia, animal phobias and claustrophobia, Obsessive-compulsive reactions, and post-traumatic stress disorder. People suffering from anxiety will often also experience feelings and symptoms of depression (APA,2013)

### **The study Objective**

This study aims to: -

1. Examine the level of anxiety among Jordanians in the light of some variables.
2. Find out the effects of sex, age, qualification, marital status, monthly income, and nature of work in level of anxiety among Jordanian people.

### **The study Hypothesis**

1. The Jordanian peoples are living with a high level of anxiety.
2. There are no statistically differences in level of anxiety among Jordanian people on the base of sex, age, qualification, marital status, monthly income, and nature of work variables.

### **Literature review**

Historically, studies of childhood and adult anxiety have been characterized by a discontinuity between major theoretical frameworks, methodologies, and research paradigms particular to each area.

Mohammed Suhail AlGhamdi (2016) examined the trait state anxiety and their relationship with the life satisfaction of for the patients with diabetes, sample of the study compromised 89 diabetics in the Palm of the Medical Centre purposely chosen. The study used the descriptive relational method, and used the following

study tools: (a) a measure of anxiety. (B) measure of life satisfaction, and has been checked that are steadfast by application to a sample survey, after checked the veracity of the study tools and its steadfast, the study applied it on participants, the study has used a number of methods and statistical solutions to reach the results of the study, such as; the arithmetic mean, standard deviation, Pearson correlation coefficient, testing for independent samples. Results of the study presented that there are differences with statistically significant at the level of 0.01 and less in the anxiety as a case and as a feature. Also there are differences with statistically significant at the level of 0.01 and less in the life satisfaction. Moreover, the variable static is significant statistically, and the effect (satisfaction of life as a whole) on anxiety as a case for diabetic patients is statistically significant effect. Finally, the variable static is significant statistically, and the effect (satisfaction of life as a whole) on anxiety as a feature for diabetic patients is statistically significant effect.

Wael Mousa AL-Omari; Mahmoud Khalid AL-Omiri (2009) explored the dental anxiety among university students and its correlation with their field of study, The Modified Corah Dental Anxiety Scale was used to measure dental anxiety among the study population. Six hundred subjects were recruited into the study from Jordanian undergraduate students from the faculties of Medicine, Engineering, and Dentistry. Results of the study showed there are five hundred and thirty-five complete questionnaires were returned, which accounts for a response rate of 89.2%. The totals of the mean anxiety scores were the following: Medical students, 13.58%; Engineering students, 13.27% and dental students, 11.22%. About 32% of the study population has scored 15 or more. Dental students had the lowest percentage of those who scored 15 or more. Surprisingly, the medical students were responsible for the highest percentage of those who scored 15 or above. Although women demonstrated statistically higher total dental anxiety scores than men ( $p= 0.03$ ), the difference between both genders was small and could be clinically insignificant. The students were anxious mostly about tooth drilling and local anesthetic injection.

Rafie H. Alwash, Mohammed J. Hussein, Faris F. Matloub (2000) assessed the psychosocial outcome of epilepsy among adolescents. The total sample of the study is 101 epileptic adolescents who attended the neurology clinic at the Princess Basma Teaching Hospital in Northern Jordan and 101 non-epileptic controls. Sociodemographic characteristics and all relevant clinical data were collected through interviewing the cases and controls. Identification of the symptoms of anxiety and depression was made according to DSM-IV criteria. The patients were age and sex matched with the controls. The controls had achieved a significantly better education ( $>12$  years education) than the patients with epilepsy. The adolescents with epilepsy were also shown to be disadvantaged in their living circumstances. Some of them were dependent on their parents in some daily physical activities, such as bathing, which might be a sign of overprotection by their parents. Those with epilepsy had a significantly higher tendency to develop symptoms of anxiety and depression than the control group. Moreover, these psychiatric symptoms, especially anxiety symptoms, were more likely to happen when seizures had not been properly medically controlled. Overprotective parental behaviour towards their ill children could also delay their psychosocial maturation. Therefore, counselling of patients and parents about epilepsy is an important factor in the control of seizures and their sequelae.

Theresa Wang, Patrick Walker, John Linehan, Claire Coffey, Brian Glasser, and Lorraine Sherr (2001) studied the effectiveness of video information in reducing the level of anxiety in women attending Colposcopy clinics. Design an observational study followed by a randomized trial. Setting Colposcopy Clinic, Royal Free Hospital, London. Participants Between April and December 1999, all new referrals to the clinic with a cervical smear showing moderate or severe dyskaryosis. Main outcome measures the level of anxiety measured by the Spielberger State Anxiety Inventory. Results of the study showed that the women attending colposcopy clinics for either diagnosis or treatment, experience a high level of anxiety. The highest levels occur in women attending a one stop see and treat clinic. The introduction of visual information in the form of an explanatory video prior to attendance significantly reduced anxiety.

## Participants

A total sample of 200 participants (112 male & 88 female) was randomly selected from five categories according to age, qualification, monthly income, marital status, and nature of work, also the participants were from the low, middle, and high class family in cities.

## Questionnaire

The level of anxiety of the respondents was measured with the help of manifest anxiety which is developed by Janet A. Taylor, 1959. The scale consisted of 38 items, where the reliability coefficient was calculated, re-test where the test was applied to 40 participants 20 males 20 females from outside of sample, same questionnaire has been distributed after 14 days to same students. The value of internal consistency alpha Cronbach is 0.857.

## Procedures

Participants were invited to participant in the study and after brief introduction, and propose of the study were explain to them. The questionnaires were administrated individually and total time taken by each participant varies 25 - 30 minutes. After that the data was tabulated and entered to SPSS program for analysis.

## Data Analysis

Statistical techniques in accordance with the objectives and study hypothesis employed descriptive techniques such as mean, standard deviation, percentages, t-category, t-test, and ONE WAY ANOVA.

## Results of the study

Table (1) presents result of "t – category" on the base of sex variable

Gender	Mean	Std, Deviation	t-category			Total
			1.00	2.00	3.00	
Male	74.48	20.87	1 0.5%	46 23.0%	65 32.5%	112 56.0%
Female	78.79	24.08	0 0.0%	34 17.0%	54 27.0%	88 44.0%
Total	76.38	22.38	1 0.5%	80 40.0%	119 59.5%	200 100.0%

\*Level of anxiety: less than 35 = normal, 35 – 70 = low and 71 – 140 = high

The results in table (1) presented that the level of anxiety among Jordanians is a high for both of male and female in favour of female group.

Table (2) manifest result of "t – category" with respect of age variable

Age	Mean	Std, Deviation	t-category			Total
			1.00	2.00	3.00	
15-19	77.07	19.83	0	5	9	14
			0.0%	2.5%	4.5%	7.0%
20-29	77.96	24.53	1	37	57	95
			0.5%	18.5%	28.5%	47.5%
30-39	76.95	20.34	0	14	28	42
			0.0%	7.0%	14.0%	21.0%
40-49	70.94	20.81	0	19	17	36
			0.0%	9.5%	8.5%	18.0%
50-59	75.80	18.65	0	4	6	10
			0.0%	2.0%	3.0%	5.0%
60 and more	82.00	25.94	0	1	2	3
			0.0%	0.5%	1.0%	1.5%
Total	76.38	22.38	1	80	119	200
			0.5%	40.0%	59.5%	100.0%

\*Level of anxiety: less than 35 = normal, 35 – 70 = low and 71 – 140 = high

Results in above table (2) indicated that the level of anxiety among Jordanians is high for every age groups on the base of age variable in favour of 60 years and more group.

Table (3) presents result of t – category based on qualification variable

Qualification	Mean	Std. Deviation	t-category			Total
			1.00	2.00	3.00	
Secondary school and less	79.29	16.32	0	6	25	31
			0.0%	3.0%	12.5%	15.5%
Diploma	77.80	22.75	0	11	20	31
			0.0%	5.5%	10.0%	15.5%
Bachelor	76.98	23.39	1	54	71	126
			0.5%	27.0%	35.5%	63.0%
Master	55.72	15.66	0	9	2	11
			0.0%	4.5%	1.0%	5.5%
PhD	93.00	0.0	0	0	1	1
			0.0%	0.0%	0.5%	0.5%
Total	76.38	22.38	1	80	119	200
			0.5%	40.0%	59.5%	100.0%

\*Level of anxiety: less than 35 = normal, 35 – 70 = low and 71 – 140 = high

Table (3) showed that the level of anxiety among Jordanian people is in high level based on qualification variable in favour of Ph.D group.

Table (4) presents result of t – category depending on marital status variable

Marital status	Mean	Std. Deviation	t-category			Total
			1.00	2.00	3.00	
Single	77.29	23.40	0	43	59	102
			0.0%	21.5%	29.5%	51.0%
Married	73.67	20.44	1	37	54	92
			0.5%	18.5%	27.0%	46.0%
Separate	107.25	20.87	0	0	4	4
			0.0%	0.0%	2.0%	2.0%
Widowed	93.00	0.0	0	0	1	1
			0.0%	0.0%	0.5%	0.5%
Divorce	92.00	0.0	0	0	1	1
			0.0%	0.0%	0.5%	0.5%
Total	76.38	22.38	1	80	119	200
			0.5%	40.0%	59.5%	100.0%

\*Level of anxiety: less than 35 = normal, 35 – 70 = low and 71 – 140 = high

Results in above able (4) indicated that the anxiety level between Jordanian people is in a high level, related to the groups the level of anxiety among sseparate people has ranked number one with value = 107.25.

Table (5) points out the results of t- category with respect of nature of work variable

Nature of work	Mean	Std. Deviation	t-category			Total
			1.00	2.00	3.00	
Non-worker	83.00	0.0	0 0.0%	0 0.0%	1 0.5%	1 0.5%
governmental	77.02	26.23	0 0.0%	34 17.0%	52 26.0%	86 43.0%
Private	76.22	19.15	1 0.5%	36 18.0%	57 28.5%	94 47.0%
Personal	73.89	19.62	0 0.0%	10 5.0%	9 4.5%	19 9.5%
Total	76.38	22.38	1 0.5%	80 40.0%	119 59.5%	200 100.0%

\*Level of anxiety: less than 35 = normal, 35 – 70 = low and 71 – 140 = high\*

Table (5) pointed out that the anxiety level between Jordanian people is in a high level and the non-worker group has ranked number one with value = 83.00.

Table (6) presents results of t- category based on monthly income variable

Results in table (6) presented that the anxiety level between Jordanian people is in a high level, related

Monthly income	Mean	Std. Deviation	t-category			Total
			1.00	2.00	3.00	
less than 300 JD	78.71	27.64	1 0.5%	16 8.0%	29 14.5%	46 23.0%
301-500 JD	76.67	19.10	0 0.0%	41 20.5%	68 34.0%	109 54.5%
501-1000 JD	72.15	24.87	0 0.0%	20 10.0%	18 9.0%	38 19.0%
1001-1500 JD	78.40	19.81	0 0.0%	2 1.0%	3 1.5%	5 2.5%
1501-2000 JD	66.00	0.00	0 0.0%	1 0.5%	0 0.0%	1 0.5%
more than 2000 JD	97.00	0.00	0 0.0%	0 0.0%	1 0.5%	1 0.5%
Total	76.38	22.38	1 0.5%	80 40.0%	119 59.5%	200 100.0%

to the (more than 2000 JD) group the level of anxiety has ranked number one with value = 97.00.

Table (7) t-test results presents the differences in level od anxiety based on gender variable.

Sex	Mean	Std. Deviation	df	f	Sig
Male	2.54	0.78	198	- 0.588	0. 17
Female	2.61	0.94			
Total	2.49	0.82			

**Significant at ( $\alpha \leq 0.05$ )**

Table (8) presents there is no statistically different at ( $\alpha \leq 0.05$ ) in level of anxiety among Jordanian people between male and female.

Table (9) ONE WAY ANOVA results indicate the differences in level of anxiety among Jordanian people based on level of the study variable.

Groups	Sources of variance	Sum of squares	df	Mean squares	F	A
Age	between group	92.281	72	1.282	1.123	.280
	within group	144.899	127	1.141		
	Total	237.180	199			
Qualification	between group	49.833	72	.692	.997	.490
	within group	88.167	127	.694		
	Total	138.000	199			
Marital status	between group	27.324	72	.380	.995	.500
	within group	48.431	127	.381		
	Total	75.755	199			
Nature of work	between group	25.471	72	.354	.752	.900
	within group	59.724	127	.470		
	Total	85.195	199			
Monthly income	between group	14.106	65	.217	.769	.850
	within group	18.917	67	.282		
	Total	33.023	132			

Significant at ( $\alpha \leq 0.05$ )

Table (9) shows there are no statistically different at ( $\alpha \leq 0.05$ ) in level of anxiety among Jordanian people between groups.

#### Discussions

This study confirms a high level of anxiety among Jordanian Peoples, as a matter of fact, anxiety does not affect all individuals equally but can lead to illness and negative experience, many reasons related to the cultural conditions can affects negatively upon them, its various in which way individuals managing anxiety to achieve the adjustment. The Jordanian peoples today have various stressors from the life change that are related to personal aspiration, needs to success, meeting the expectations of the university, family, community, health and emotional needs, these experiences have an important effect in their body and mind.

Purna & Cowthami (2008) indicated that there is gender difference in perceiving anxiety, also there is an evidence that males offer developed anxiety due to their career, whereas females often encounter anxiety due to issue in personal relationship. Culture plays an important part in level of anxiety, where each culture produces its own unique set of anxiety and this anxiety varies not merely in terms of their physical, economic, social, and environmental, but also in their values and ideology, moreover, the political conditions that surround Jordanian students comes from neighbouring countries leads to increase in population, business competition, and socioeconomic problems of essential and non-essential needs that offer the appropriate explore for causes of a higher level of anxiety among Jordanian peoples.

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