

IMPACT OF COVID-19 ANXIETY ON THE PSYCHOSOCIAL ADJUSTMENT OF ADULTS

¹Iram Mehboob, ²Dr. Muhammad Akbar, ³Dr. Syeda Raiha

¹Lecturer, Department of Psychology, University of Home Economics, Lahore, Pakistan

²Associate Professor, Department of Psychology, Govt. Graduate College, Jhang, Pakistan

³Assistant Professor, Department of Psychology, University of Jhang, Jhang, Pakistan

²romman.akbar@gmail.com

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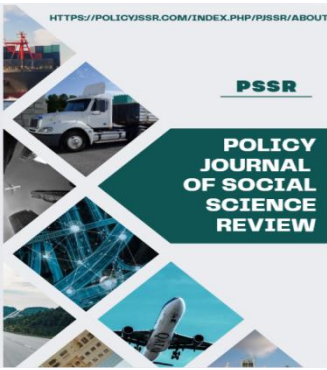
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ABSTRACT

It has been observed in previous studies that higher experience of COVID-19 was associated with adjustment problems all over the world. The current study is an attempt to investigate the impact of COVID-19 anxiety on psychosocial adjustment of adult population. The objective of study is to investigate impact of COVID-19 Anxiety on the psychosocial adjustment of young adults. The study was done in Sargodha district, Punjab from June 2021 to June 2022. Study was cross sectional survey. Sample of 200 adults were collected from Sargodha district. Data was collected from adult population by using Coronavirus Anxiety Scale and Work and Social Adjustment Scale. SPSS (version-26) was used for data analysis. Results revealed that COVID-19 anxiety has significant negative relationship with psychological adjustment, social adjustment and work-related adjustment. Men were higher on psychological adjustment and work-related adjustment. Married were higher on corona anxiety and work adjustment. Adults with age range of 31 to 40 years were higher on COVID-19 anxiety whereas participants with age range of 41 to 50 years were higher on psychological adjustment, work-related and social adjustment. Adults with middle socio-economic status were higher on work-related adjustment. It can be concluded that higher COVID-19 anxiety is negatively associated with overall psychosocial adjustment among adults. Government and NGOs should take reasonable steps to make better psychosocial adjustment of adults especially for those adults who reported more COVID-19 anxiety during pandemic days.

Keywords: COVID-19 anxiety, Psychological Adjustment, Work Adjustment, Social Adjustment



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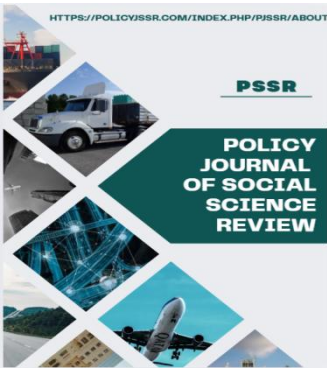
Introduction

The World Health Organization (2019) announced a novel viral pneumonia arising from Wuhan, China (WHO, 2020a). This new coronavirus (COVID-19) has spread exponentially worldwide, infecting more than 294,110 individuals in 187 nations and killing 12,944 individuals. Improvements to daily life have been tremendous and unmatched as epidemic cases soar, mortality rates climb, and severe measures to stop the spread of the disease increase across regions of the world. While efforts to categorize people with coronavirus infection have received a lot of attention, the concerns of those affected by this epidemic in terms of mental health have also been acknowledged (Lee, 2020).

This is unexpected considering that widespread catastrophes, especially those involving contagious diseases, sometimes result in waves of heightened fear and anxiety that are known to seriously affect the behavior and psychological well-being of a large portion of the community (Balaratnasingam & Janca, 2006). For instance, in a recent, extensive survey of individuals highly susceptible to the coronavirus infection (i.e., Chinese healthcare professionals), the prevalence rate of traumatic stress was at an alarming 73.4 percent, depression was at 50.7 percent, generalized anxiety was at 44.7 percent, and insomnia was at 36.1 percent (Wheaton et al., 2010). Despite the alarming nature of these findings, research on the psychological effects of prior global disease outbreaks has shown definite connections between pandemic-related worry and heightened stress, anxiety,

contamination concerns, health anxiety, post-traumatic stress, suicidality and adjustment problems (Ali, 2025; Yip et al., 2010). The goal of this study was to develop and evaluate a quick mental health screener that can be used to accurately identify likely cases of dysfunctional anxiety and the severity of symptoms related to the coronavirus in order to fill a gap in the mental health response to this escalating public health crisis.

COVID-19 anxiety also effected work and social adjustment of young adults. Many employees worry about their futures due to the prospect of losing their jobs, income reductions, layoffs, and lower benefits. Economic loss, job insecurity, and unemployment can all have a negative effect on mental health. The COVID-19-crisis may cause these and other psychosocial concerns to materialise or become more severe. Many of them may have developed during the period of rapid virus spread and stringent isolation procedures, and they continue to exist as more enterprises open their doors over time. When employees return to their places of employment, others can rise. Psychosocial risks can increase stress levels and result in issues with physical and mental health if they are not properly evaluated and addressed. Low mood, lack of motivation, weariness, anxiety, sadness, burnout, and suicidal thoughts are a few examples of psychological reactions. Additional physical side effects include fatigue, cardio-vascular disease, musculoskeletal disorders, headaches, and other unexplained aches and pains (Korean Society for Trauma Stress Studies, 2021). Additional physical side effects include digestive issues, changes in appetite



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and weight, dermatological reactions, fatigue, and cardiovascular disease. Along with adjustments in the person's capacity for relaxation or degree of irritability, there could also be behavioral adjustments, such as an increase in activity level or the use of tobacco, alcohol, or drugs as a coping mechanism. Previous studies are also evident that socio-demographic factors such as gender, age, socio-economic status has impact on COVID-19 anxiety and psychosocial adjustment of adults (Lee, 2020).

Method

Sample size was 200 adults including male and female adults. Sampling technique was purposive. Data was collected from adults who belonged to Sargodha. Data was collected in individual settings by using standardized, reliable and valid questionnaires. Both men (n = 100) and women (n = 100) were the part of the sample. Age of the participants was 18 to 80 years. Those participants were excluded from the sample who had adjustment problems due to any other chronic disease rather than COVID19 anxiety. Study was based on cross sectional survey research design.

For investigating COVID-19 anxiety, the Coronavirus Anxiety Scale was used (Lee, 2020) This is a self-report measure includes 5

items. Participants are asked to rate using a 5-point scale with response options including 0 = Not at all to 4 = Nearly every day over the last 2 weeks. Higher scores indicate higher levels of a COVID-19 anxiety. For investigating psychosocial adjustment, the Work and Social Adjustment Scale was used (Mundt et al., 2002). This is a self-report measure and it include items. Participants were asked to rate using a 9-point scale with response options including 0 = Not at all to 8 = Very severely. Higher scores indicate higher levels of a psychosocial adjustment.

Respondents were informed of the objective and importance of the current research. Consent was received from the respondents after the brief presentation and purpose of the study. The participants were advised that the data collected would be used for research purpose only and that the security of the data obtained from them was assured. Participants are encouraged to be honest when presenting responses. They are, eventually, thanked for their cooperation. SPSS (version-26) was used for data analysis. Descriptive statistics, Pearson correlation, independent sample t test and one-way ANOVA were used for testing the study assumption.

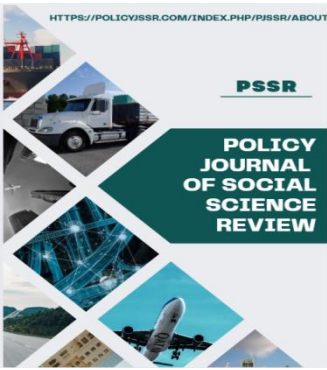
Results

Table 1

Descriptive, Alpha Reliability Coefficients and Pearson Correlation Coefficients

Variables	Mean	SD	Range	Alpha	1	2	3	4
1. COVID-19 Anxiety	3.95	4.28	0-20	.88	~	-.56**	-.58**	-.45**
2. Psychosocial Adjustment	9.76	9.03	0-40	.90		~	.84**	.94**
3. Work Adjustment	3.43	3.97	0-16	.85			~	.60**
4. Social Adjustment	6.45	6.14	0-24	.89				~

SD = Standard deviation



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Table 1 shows descriptive statistics, alpha reliability coefficients and Pearson correlation coefficients in COVID-19 anxiety and psychosocial adjustment. Results show that COVID-19 anxiety and psychosocial adjustment have satisfactory level of internal

consistency ($\alpha > .80$). Results show that COVID-19 anxiety has significant negative relationship with overall psychosocial adjustment $r(198) = -.56, p < .01$, work-related adjustment $r(198) = -.58, p < .01$, and social adjustment $r(198) = -.45, p < .01$.

Table 2

Gender and Marital Status Related Differences

Variables	Men		Women		t Value	Single		Married		t Value
	Mean	SD	Mean	SD		Mean	SD	Mean	SD	
COVID-19 Anxiety	4.55	3.80	3.48	4.33	1.54	2.98	3.86	6.28	4.42	3.39**
Psy Adjustment	11.84	10.44	8.89	8.32	1.93*	9.29	9.08	11.15	9.01	.86
Work Adjustment	4.78	4.58	2.86	3.54	3.02**	2.91	3.68	4.74	4.47	1.99*
Social Adjustment	7.36	7.15	6.03	5.69	1.27	6.49	6.33	6.61	5.87	.085

SD = Standard deviation; t value indicates the value of t test; p value indicates significance of difference

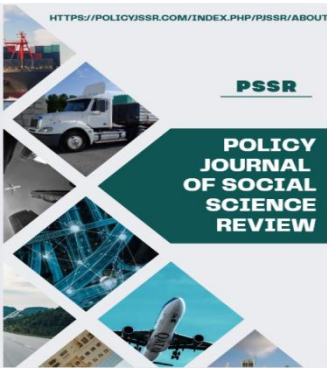
significantly higher on psychological adjustment and work adjustment as compared to women. Married were significantly higher on COVID-19 anxiety and work adjustment as compared to unmarried.

Table 3 shows independent sample t test to investigate gender and marital status in COVID-19 anxiety and psychosocial adjustment. Results show that all men were

Table 3

Age Differences and Differences on the Basis of Education Level

Age Level	Mean	SD	Mean	SD	Mean	SD	Mean	SD	F Value	P Value
	18 to 30 years	31 to 40 years	41 to 50 years	51 to 80 years						
COVID-19 Anxiety	3.11	4.29	7.00	3.90	7.28	2.36	3.83	3.06	4.09	.00
Psy Adjustment	8.03	7.72	13.77	11.55	21.00	9.52	10.28	9.62	5.08	.00
Work Adjustment	2.43	3.05	6.40	5.05	8.00	5.53	3.71	3.72	7.68	.00
Social Adjustment	5.54	5.67	8.00	7.28	13.33	5.00	6.57	6.90	3.39	.02



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Education Level	Matriculation	Intermediate	Graduation	Master/PhD						
COVID-19 Anxiety	4.57	5.88	5.00	5.54	4.20	4.50	2.33	3.35	.68	.60
Adjustment Work	6.00	7.37	12.31	7.92	9.57	10.38	7.33	8.66	.79	.53
Adjustment Social	1.25	2.12	4.10	2.53	4.30	5.16	2.40	3.37	1.14	.33
Adjustment	4.66	6.40	8.21	6.28	5.68	6.26	5.77	7.64	.60	.66

Note. SD = Standard deviation; F value indicates ANOVA; p value indicates significance of difference, Psy = Psychological Table 3 shows one-way ANOVA to investigate age differences and differences on the basis of education level in COVID-19 anxiety and psychosocial adjustment. Results show that participants with age range of 31 to 40 years were significantly higher on COVID-19

anxiety whereas participants with age range of 41 to 50 years were significantly higher on psychological adjustment, work-related adjustment and social adjustment. In education level, results were non-significant in COVID-19 anxiety, psychosocial adjustment, work-related adjustment and social adjustment.

Table 4

Differences on the Basis of Socio-Economic Status

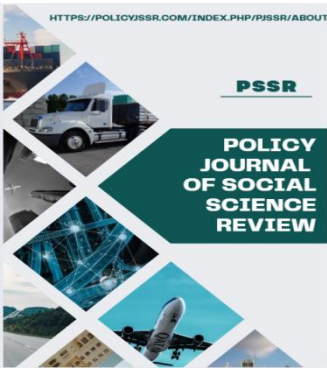
Variables	Low SES		Medium SES		High SES		FValue	PValue
	Mean	SD	Mean	SD	Mean	SD		
COVID-19 Anxiety	5.62	3.42	3.50	4.20	5.18	5.30	1.39	.25
Psy Adjustment	13.55	12.27	9.01	8.36	11.77	10.65	1.22	.29
Work Adjustment	6.22	4.52	6.75	3.41	5.45	5.59	4.87	.01
Social Adjustment	7.33	7.87	6.21	5.82	7.55	7.60	.27	.76

Note. SD = Standard deviation; F value indicates ANOVA; p value indicates significance of difference, Psy = Psychological, SES = Socio-Economic Status

Table 4 shows one-way ANOVA to investigate differences on the basis of socio-economic status in COVID-19 anxiety and psychosocial adjustment. Results show that participants with middle socio-economic status were significantly higher on work adjustment.

Discussion

The association between corona anxiety and psychosocial adjustment was confirmed in the findings of current study. It was found that corona anxiety has significant negative relationship with psychological adjustment including work-related and social adjustment. Previous studies indicated that COVID-19 anxiety is negatively associated with happiness and subjective well-being and also positively associated with social exclusion and



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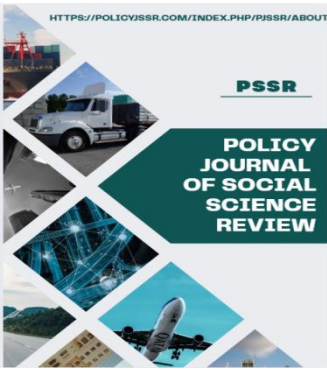
anxiety as well as depression, loneliness, and social anxiety (Costa et al., 2021). Consistent with our assumption, it implies that adults with decreased COVID-19 anxiety have a stronger sense of belonging in society which improves psychological adjustment. Stressors related to COVID-19 and the ensuing lockdowns have a serious negative influence on psychological health and social adjustment. According to the findings of a study, the process underpinning psychosocial adjustment of adults with coronavirus anxiety may place a special emphasis on belongingness with others. The above findings have significant implications because they shed light on the adult experiences related to COVID-19 anxiety and identify potentially adjustable processes (Costa et al., 2021).

Impact of socio-demographic factors were also investigated in the current study. It was found that men reported better psychological and work-related adjustment as compared to women. In a most recent study, it was found that the female gender especially predicted emotional distress while a longer period of time spent in residential care was linked to decreased emotional distress (Donato et al., 2021). Married reported higher level of COVID-19 anxiety and work adjustment as compared to unmarried adults. Indeed, many people who were confined to their homes during the pandemic had to rely more on their romantic partners as a result of dealing with a variety of stressors, including as health and safety measures, working from home, and increased caregiving and housekeeping chores (Candeias et al., 2021). It was found that adults with age range of 31 to 40 years

were higher on corona anxiety whereas participants with age range of 41 to 50 years were higher on psychological adjustment, work adjustment and social adjustment. In comparison to middle-aged and older persons, young adults evaluated their quality of life, optimism, and well-being during pandemics worse. They also had higher levels of trait anxiety and found it harder to relax. It appears that during the COVID-19 crisis, young adults have a lower level of psychological adjustment than other age groups (Bano, 2025; Jeon et al., 2013). It was found that adults with middle socio-economic status were significantly higher on work adjustment. In contrast to objective measurements of socioeconomic condition, it has been discovered that the subjective home economic situation of teenagers is connected with depressed symptoms and suicide ideation. In contrast to objective measurements of socioeconomic condition, it has been discovered that the subjective home economic situation of teenagers is connected with depressed symptoms and suicide ideation (Stansfeld & Candy, 2006).

Conclusion

Findings of the study revealed that COVID-19 anxiety has negative relationship with psychological adjustment, work related adjustment and social adjustment. Men were higher on psychological adjustment and work-related adjustment as compared to women. Married adults were higher on corona anxiety and work adjustment as compared to unmarried. Younger (age range of 31 to 40 years) were higher on COVID-19 anxiety whereas older adults (age range of 41 to 50 years) who were higher on



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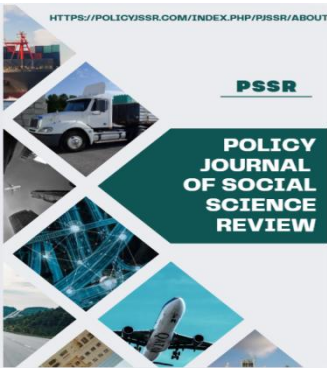
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psychological adjustment, work adjustment and social adjustment. Adults with middle socio-economic status were significantly higher on work adjustment. Results were non-significant in education level.

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