The Level of Anxiety among Jordanian Family Members during COVID Second Wave

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Abstracts: This study examines the complex emotional and physiological landscape of fear felt by Jordanian households during the second wave of the COVID-19 epidemic. The research looks at how gender, age, occupation, and marriage status affect stress levels in these households. Using a quantitative methodology, data were gathered through a structured survey sent to 300 households in Amman. These findings highlight the role that individual demographics play in determining the extent to which one suffers from anxiety. Anxiety was more prevalent in women than in men, and it increased with age in both sexes. Individuals in certain occupations and those who had been married for extended periods of time also reported higher anxiety levels. The results illuminate the need of individualized therapies catering to various family settings by highlighting the relationship between demographic variables and anxiety reactions. The study's thorough framework is helpful for comprehending the complex nature of anxiety in Jordanian homes. These findings may be used to design more effective support programs, such as those geared toward women or older adults, or those used in the workplace or the home. These kinds of programs may help Jordanian families thrive by responding to the specific threats presented by the epidemic. Policymakers, healthcare providers, and mental health specialists may lessen the toll the epidemic has on family members' emotional and physical health if they recognize the unique roles that demographics play in people's fear.

Keywords: Level of Anxiety, Jordanian Family Members, COVID Second Wave.

1. INTRODUCTION

Most individuals experienced anxiety and had fear-related behavioral disorders during earlier pandemics. Panic, uncertainty, and the potential for deadly effects surrounded the 2019 coronavirus disease (COVID-19) (Abuhammad et al., 2020). The general population has battled sleeplessness, PTSD, anxiety, depression, and other mental health issues (Xiong et al., 2020). Stress, anxiety, and depression have affected 29.6%, 31.9%, and 33.7% of people, according to a comprehensive analysis of research from Asia and Europe (Salari et al., 2020). Multiple investigations across three continents found results that were consistent with one another (Wang et al., 123 C.E.). Fear of catching the illness, the financial necessity to work, and the difficulty to avoid interaction with the public have all been cited as major contributors to these alterations in mental state (Vindegaard & Eriksen Benros, 2020).

Fear and despair are only two of the ways in which an infection or the loss of a loved one may affect a person's mental health (Partinen, 2021). Simultaneously, persons under quarantine suffer from feelings of isolation, boredom, and frustration. Those who were already struggling emotionally and/or financially during COVID-19 were at an especially high risk of taking their own lives, according to studies (Galbraith et al., 2020). Governments who took swift action at the beginning of the pandemic to curtail the spread of COVID-19 may have helped their citizens' mental health in the long run (Lee et al., 2021).

According to current literature (Mowbray, 2020), factors such as socioeconomic status, gender, profession, COVID-19-like symptoms, social support, interpersonal conflicts, and perceptions of the influence of COVID-19 are all associated with mental health problems during COVID-19. Holmes et al. (2020) contend that the elderly and the economically disadvantaged are particularly at risk for mental health problems. The risk of hospitalization and mortality due to COVID-19 is also higher for those with preexisting mental disorders, according to a meta-analysis. It has also been established that the risk of developing depressed symptoms remains for weeks following a COVID-19 infection (Renaud-Charest et al., 2021). To reduce the psychological risks and repercussions of the present and

future pandemics, it is necessary to identify the corresponding psychological shifts. Therefore, the purpose of this research was to identify the correlation between demographic variables such as age and gender and the use of certain psychological measures by Jordanians throughout the COVID-19 period.

1.1. Study Importance

The public health and family dynamics ramifications of learning how anxious Jordanians were during the second wave of COVID-19 are substantial. The research will provide important insight into the mental toll of the pandemic, paving the way for more nuanced therapies and legislation to help families cope with their increased anxiety. Long-term psychological resilience and general well-being may benefit from this study's findings on particular triggers and coping methods, which can also inform future crisis management.

1.2. Study Problem

The challenge of this study is to investigate the diverse ways in which members of Jordanian households feel and manage with anxiety during the second wave of the COVID-19 pandemic. Among them are the determination of individual causes, analysis of demographic differences, assessment of the efficacy of coping methods, and forecasting of probable long-term impacts. By filling up these research gaps, we can better understand the unique psychological stresses experienced by Jordanian households and develop more effective strategies for providing targeted assistance and reducing anxiety during times of crisis.

1.3. Objectives Of The Study

- To determine the most significant sources of anxiety for Jordanian families during the second wave of the COVID-19 pandemic.
- To Find out how Jordanian families are handling pandemic-related stress.
- To evaluate Effects Over Time Determine how the COVID-19 pandemic's second wave affected Jordanian family members emotionally and how long those effects lasted.

1.4. Research Questions

- What factors most contribute to elevated levels of anxiety among Jordanian families during the second wave of the COVID-19 outbreak?
- How do Jordanian families deal with pandemic-related fear, and do these responses vary by demographic subgroup?
- How does the second wave of COVID-19 affect the mental health and resiliency of Jordanians, and what are the lasting impacts of higher anxiety on family members?

1.5. Study Terminologies

Anxiety Triggers: Anxiety among Jordanian families during the second wave of the COVID-19 is high for several reasons, including health worries, economic insecurity, and social isolation.

Copping Mechanism: Jordanian families' responses to the threats presented by the COVID-19 pandemic, including the coping mechanisms they've developed.

Psychological Resilience: The resilience of Jordanian families, as seen by their ability to overcome the emotional toll of the COVID-19's second wave.

Study approach: Anxiety levels and trends were measured using quantitative questionnaires, and coping mechanisms and psychological experiences of Jordanian family members during the second wave of the COVID-19 pandemic were explored via in-depth interviews.

1.6. Study Limitations

- The is limited to Capital city of Jorden Amman only.
- Time limit is April 2023 to July 2023.

2. LITERATURE REVIEW

The mental and physical health of people all across the globe have been put to the test in unprecedented ways by the recent COVID-19 pandemic. As countries, including Jordan, were hit by consecutive waves of the virus, the emotional toll it was taking on families, especially in terms of fear, became a major source of discussion. The purpose of this literature review is to summarize the results of many research that looked into how worried family members were in Jordan during the second wave of the COVID-19 pandemic.

2.1. Anxiety and Health Concerns

Numerous research has focused on the concerns people have about their health because of the pandemic. Fear of catching the virus and uncertainty about the implications have contributed considerably to elevated anxiety levels among Jordanian families (Saab et al., 2020). These worries were more apparent in households where children, the elderly, or those with chronic health issues were at risk. Similarly, Barrot et al. (2021) noted that Jordanian families experienced substantial concern due to the perceived danger of COVID-19 and its possible influence on family members' health.

2.2. Anxiety and Economic Instability

Jordanian households' levels of anxiety were significantly influenced by the financial consequences of the pandemic. Anxiety levels were found to be higher among families who had lost income and were struggling financially, as noted by Siddique et al. (2021) who studied the economic effect of lockdowns and decreased economic activity. Concerns about job security and financial stability contribute considerably to the elevated anxiety experienced by families from lower socioeconomic backgrounds.

2.3. Anxiety Reduction and Disseminating Knowledge

Access to reliable health information and open lines of communication have emerged as critical elements in reducing anxiety. Mina & Azakir (2022) discovered that anxiety levels were lower among Jordanian families that had access to accurate information regarding COVID-19, prevention strategies, and government standards. Informed families reported less distress because they felt they could better comprehend and control the issue. Similarly, Ahmad et al. (2021) highlighted how the broadcast of accurate information not only decreased anxiety but also boosted adherence to suggested preventative measures.

2.4. Resilience and Methods of Coping

Jordanian families significantly reduced their pandemic-related stress by using various coping strategies. Alkhawaldeh et al. (2020) investigated a wide variety of coping mechanisms, from reaching out to others via technology to religion. Families that used adaptive coping strategies were better able to control their anxiety. Furthermore, Gadi et al. (2022) emphasized the significance of integrating psychological well-being activities into everyday routines by noting that family members who engaged mindfulness reported lower anxiety levels.

2.5. Relationship Dynamics in Isolated Families

Anxiety was shown to be affected by the nature of the family unit itself. Naser et al. (2020) looked into the effects of family size and found that people's anxiety levels rose when they thought about their aging relatives. Fiorillo & Gorwood (2020) on the other hand, discovered that higher anxiety among nuclear family members was associated with increased social isolation as a result of lockdowns and less physical contacts.

2.6. Disparities by Generation and Gender

Differences between sexes and between generations were also discovered to have a role. According to research by (Le et al., 2020), women, and mothers in particular, experience greater levels of anxiety owing to their unique caregiving roles and related worries for the wellbeing of their families. In addition, Hotopf et al. (2020) emphasized the increased anxiety among younger people, especially students, because of academic uncertainties and interruptions.

2.7. Long-Term and Profound Psychological Effects

Research on the long-term effects of people's heightened fear during the pandemic has begun. Anxiety symptoms were monitored over time by Hotopf et al. (2020), who hypothesized that chronic anxiety might cause long-term mental health problems for family members. To address the possible long-term effects of anxiety, Grover et al. (2020) widened this view to highlight the need of persistent support systems.

The literature as a whole highlight the layered character of family members' fear in Jordan during the second wave of the COVID-19 pandemic. Anxiety reactions are complicated because of many factors, including health worries, economic insecurity, effective information diffusion, coping techniques, family structure, gender, and the potential for persistent psychological repercussions. As a result of these discoveries, it is clear that individualized treatments and support systems are necessary to address the various causes and expressions of anxiety experienced by Jordanian families throughout the pandemic.

3. Study Methodology

In order to investigate the extent to which family members in Jordan experienced anxiety during the second wave of the COVID-19 pandemic, this study will use a mixed-methods research approach, combining quantitative surveys with qualitative interviews. By combining them, we can get a more complete picture of what causes anxiety, how people deal with it, and how it affects their loved ones emotionally.

3.1. Study Population

Population Included in the study were 2,269,300 males and 1,957,400 females, or a total of 4,004,800 people based on the population estimate for the year 2023 from the Jordanian Department of Statistics for the province of Amaan.

Table 1: Study Sample

Variables	Levels	Frequency	Percentage
Gender	Male	180	60%
	Female	120	40%
Age group	20-30 years	109	36%
	31-40 years	112	37%
	41 or above	79	27%
Job nature	Public sector	60	20%

	Private sector	88	29%
	Own business	100	33%
	Jobless	52	18%
Marital age	0-5 years	175	58%
	6-10 years	90	30%
	11 years or above	35	11%
Total		300	100.00

3.2. Survey Questionnaire

In light of the second wave of the Corona-19 pandemic, a scale was developed to measure the degree of fear among Jordanian households. The scale included 34 questions, evenly split between physical and mental dimensions.

3.3. Validity of Scale

The validity of the scale was reviewed by a committee comprised of (9) competent and experienced arbitrators and specialists from Jordanian universities, and the committee's recommendations were implemented.

3.4. Reliability of Scale

Cronbach's alpha equation was used to determine the reliability coefficients of the scale after it had been applied to an independent sample of 30 households. The overall reliability coefficient was 0.89, whereas the coefficients for the two individual factors were 0.86 and 0.83, respectively. These values are suitable for this kind of investigation.

3.5. Likert Scale

Fear among Jordanian families regarding the second wave of the Corona-19 pandemic was estimated using a five-point Likert scale, with responses of (very high), (high), (average), (low), and (very low) accompanied by numerical estimates of (5, 4, 3, 2, 1), respectively.

Anxiety is minimal between 1.00 and 2.49.

Anxiety level 2.50 - 3.49; medium.

Anxiety high levels between 3.50 and 5.00

3.6. Statistical Analysis

Calculations included means, standard deviations, tests for multiple and quadruple analysis of variance, and the Scheffe' test.

4. RESULTS AND DISCUSSION

Following data collection using the research scale "the scale of anxiety level among Jordanian families in light of the second wave of the Corona-19 pandemic," the following presentation of the study's findings follows the sequence of the study questions.

Results and discussion of the first question: What factors most contribute to elevated levels of anxiety among Jordanian families during the second wave of the COVID-19 outbreak?

To find the answer to this issue, we computed the mean and standard deviation of the sample's estimations on the two dimensions of the study scale and presented the results in Table 2

Table 2: Mean Standard deviation of 2 scales

Rank	No.	Aspects	Mean	standard deviations	Anxiety Level
1	2	Psychological aspect	3.8	0.51	High
2	1	Physical aspect	3.01	0.39	Medium
Questionnaire as a whole			3.81	0.9	Medium

*** Maximum score out of (5)**

In Table 2, we can see how the COVID-19 second wave sample performed on two measures of anxiety, one evaluating the mind and the other the body. The higher mean on the psychological aspect scale of 3.8 indicates substantial psychological suffering among individuals. This reflects worries about health, economic uncertainty, and social isolation, all of which are consistent with the well-documented effect on mental health caused by the pandemic. A modest standard deviation suggests that there was a fair amount of consensus among respondents.

On the other hand, a mean of 3.01 on the physical aspect scale suggests a moderate degree of physiological symptoms related to anxiety. A smaller standard deviation indicates that reports of physical complaints are more consistent. The fact that the complete questionnaire was categorized as having a medium degree of anxiety says a lot about the importance of both mental and physical health. These results indicate the need for comprehensive support measures addressing all aspects of anxiety, since they show the intricate interaction between psychological and physiological components in generating anxiety experiences throughout the pandemic.

4.1. Psychological Aspect

Table 3: Mean and Standard deviation of scale items of psychological aspects

No.	Items	Mean	standard deviations	Anxiety Level
1	How much of the second wave of COVID-19-related anxiety did worries about your loved ones' health cause you?	3.76	0.73	High
2	How big of an effect did anxietying about old or sick loved ones have on your general state of anxiety?	3.69	0.71	High
3	Indicate how worried you are about the future of your family in light of the pandemic's unclear length.	3.51	0.79	High
4	Did the job loss and financial uncertainty you experienced as a result of the pandemic add considerably to your anxiety?	3.47	0.75	High
5	How much did the lockdowns' physical and social isolation add to your preexisting anxiety?	3.43	0.68	Medium
6	To what extent did your anxiety level rise due to worries caused by contradictory information in the media and in the news?	3.40	0.91	Medium
7	When your normal routines and activities were interrupted because of the pandemic, did you feel more anxious than usual?	3.37	0.71	Medium

No.	Items	Mean	standard deviations	Anxiety Level
8	Please indicate how much you believe that your incapacity to participate in social and recreational activities has contributed to your restlessness or anxiety.	3.27	0.63	Medium
9	How helpful did talking to loved ones about your fears during the pandemic really turn out to be?	3.24	0.69	Medium
10	During the pandemic, did you find that participating in religious or spiritual traditions helped you deal with your anxiety?	3.21	0.83	Medium
11	How much improvement in your mental health and anxiety levels did you see after practicing mindfulness or relaxation techniques?	3.16	0.87	Medium
12	To what extent did anxiety over the academic setbacks your children may have experienced during the pandemic add to your overall level of anxiety?	3.05	0.96	Medium

In Table 3, we can see how the participants in the COVID-19 second wave responded to scale items measuring psychological components of anxiety. Differences in reactions to various anxiety causes and methods of dealing with them are laid forth in the table. Higher means for items 1–4 show that participants were particularly anxious about their loved ones' health, the future of the economy, and the length of the pandemic. Items 5 through 12 had medium means, which suggests that social isolation, conflicting media information, routine disruptions, and the use of coping methods like religion and mindfulness exercises all contributed to moderate levels of anxiety. The standard deviations provide information on the uniformity of replies for each item. The results as a whole shed light on the widespread nature of health and financial worries, as well as the variable influence of various psychological triggers on the respondents' anxiety levels.

4.2. Physical Aspect

Table 4: Mean and standard deviation of physical aspect scale items

No.	Items	Mean	standard deviations	Anxiety Level
13	How often did anxiety and anxiety from the pandemic cause you to have a racing heart or palpitations?	4.46	0.79	High
14	Please rate the frequency with which anxiety during the second wave of COVID-19 caused bouts of fast or shallow breathing.	4.27	0.84	High
15	How much of your muscular stiffness or restlessness throughout the pandemic was the result of stress?	4.13	0.87	High
16	When thinking about the pandemic, how frequently did your hands become sweaty or your palms feel clammy?	4.10	0.68	High
17	During the second wave of COVID-19, did you have any physical symptoms of anxiousness, such as gastrointestinal pain or an upset stomach?	4.09	0.89	High
18	How persistent were sleeplessness or oversleeping episodes you attribute to panic over the pandemic?	3.96	0.77	High

No.	Items	Mean	standard deviations	Anxiety Level
19	Please rate how much your anxiety during the second wave of COVID-19 influenced your eating habits and/or appetite.	3.89	0.83	High
20	Were you more likely to turn to cigarettes, alcohol, or drugs during the pandemic as a means of relieving stress?	3.66	0.82	High
21	During the second wave of COVID-19, how did your inability to focus or make choices because of anxiety affect your day-to-day life?	3.64	0.94	High
22	How much physical disquiet and discomfort did you feel as a consequence of anxietying about a pandemic?	3.58	0.69	High
23	How frequently did you have headaches or migraines during the second wave of COVID-19 as a result of your increased anxiety?	3.10	0.72	Medium
24	How often did anxiety during the pandemic cause you to feel dizzy or lightheaded?	3.56	0.67	High
25	When thinking about the pandemic, how much did you notice a change in your respiratory habits, such as shallow breathing or breathlessness?	3.82	0.68	High
Overall		3.72	0.41	High

The mean and standard deviation for items on a scale measuring bodily manifestations of anxiety among COVID-19 wave 2 survey respondents are shown in Table 4. The table shows significant differences in how people deal with certain bodily symptoms of anxiety. Higher means for items 13–22 indicate that participants reported high levels of anxiety, as evidenced by frequent instances of symptoms like rapid heart rate, shallow breathing, muscular stiffness, sweaty hands, gastrointestinal symptoms, sleep disturbances, altered eating habits, and the use of substances to alleviate stress. With a mean somewhere in the middle, item 23 suggests that participants' headaches and migraines were relatively common as a result of their anxiety levels. Item 24 also has a high mean, suggesting that those who anxiety excessively about a pandemic are more likely to experience regular dizziness or lightheadedness. The high mean on item 25 indicates that people were aware of alterations in their breathing patterns as a result of their anxiety. Both the mean and the standard deviation point to a significant prevalence of physical anxiety among those polled. The results bring to light the substantial physiological reactions associated with pandemic-induced anxiety, underscoring the necessity for comprehensive methods to address both psychological and physiological well-being at such times.

4.3. The results related to the second question and their discussion

How do Jordanian families deal with pandemic-related fear, and do these responses vary by demographic subgroup?

In order to find an answer to this question, we calculated the mean and standard deviation of the sample's estimates on two aspects of the scale measuring anxiety level among Jordanian families in light of the second wave of the Corona-19 pandemic, and on the scale as a whole according to its variables:

4.3.1. Gender

Table 5: Gender Analysis according to two aspects of anxiety

Aspects	Male (n = 180)		female (n = 120)	
	Mean	standard deviations	Mean	standard deviations
Physical aspect	3.29	.450	2.84	.416
Psychological aspect	3.97	.519	3.53	.426
Overall	3.63	.351	3.19	.276

4.3.2. Age Group

Table 6: Age Group Analysis according to two aspects of anxiety

Aspects	20-30 years (n = 109)		31-40 years (n = 112)		41 or above (n = 79)	
	Mean	Standard deviations	Mean	Standard deviations	Mean	Standard deviations
Physical aspect	2.76	0.419	2.96	0.528	3.44	.452
Psychological aspect	3.99	0.466	3.56	0.583	3.24	.459
Overall	3.38	.308	3.29	.351	3.34	.315

4.3.3. Nature of the Work

Table 7: Nature of the work Analysis according to two aspects of anxiety

Aspects	Public sector (n = 60)		Private sector (n = 88)		Own business (n = 100)		jobless (n = 52)	
	Mean	standard deviations	Mean	standard deviations	Mean	standard deviations	Mean	standard deviations
Physical aspect	2.64	.530	3.03	.547	3.09	.473	3.18	.533
Psychological aspect	3.33	.423	3.77	.484	3.84	.502	3.92	.453
Overall	2.99	.319	3.40	.329	3.47	.276	3.55	.310

4.3.4. Marital Status Duration

Table: Marital status Duration Analysis according to two aspects of anxiety

Aspects	0- 5 years (n=175)		From 6-10 years (n= 90)		11 years or above (n= 35)	
	Mean	standard deviations	Mean	standard deviations	Mean	standard deviations
Physical aspect	2.86	.538	3.12	.428	3.26	.466
Psychological aspect	3.43	.466	3.89	.583	3.99	.459
Overall	3.15	.323	3.51	.359	3.63	.334

Table 5's gender breakdown shows that although men generally reported higher mean scores for both the physical and psychological dimensions, women generally reported higher psychological dimensions. The study also suggests that men, on average, experience more anxiety than women do. Those aged 41 and higher had the

highest mean scores in both the somatic and psychological dimensions of anxiety, as shown in Table 6; those aged 31-40 came in second. The average results for those between the ages of 20 and 30 were the lowest across the board. The average anxiety levels were higher among those aged 41 and above. Moving on to Table 7, we see that self-employed individuals reported the highest mean scores in both somatic and psychological elements of anxiety, followed by those who worked in the private sector. The public sector participants averaged the lowest possible ratings in both categories. Those who were "minding their own business" scored highest in terms of average anxiety. Finally, Table D's study of marital status duration reveals that individuals who had been married for 11 years or more had the highest mean scores in both the somatic and psychological dimensions of anxiety. Participants who had been married for just five years or less scored the lowest on both measures. The average levels of anxiousness were higher among those who had been married for 11 years or more. These studies provide light on how gender, age, occupation, and marital status all have a role in shaping the mental and physical manifestations of anxiety in the population as a whole, which is important information for researchers.

4.4. Results and Discussion on Question 3

How does the second wave of COVID-19 affect the mental health and resiliency of Jordanians, and what are the lasting impacts of higher anxiety on family members?

Table 9: ANOVA

Source of variance	Aspects	Sum of squares	Degrees of freedom	Mean of squares	F value	Statistical significance
Gender Hotelling value = 0.912 h=0.023 023	psychological aspect	3.841	1	3.841	8.974	0.001*
	Physical aspect	3.549	1	3.549	8.430	0.001*
Age Lux Value = 0.164 h = 0.005	psychological aspect	8.004	2	4.002	9.350	0.001*
	Physical aspect	7.128	2	3.564	8.466	0.001*
Job nature Lux value = 0.146 h = 0.009	psychological aspect	11.454	3	3.818	8.921	0.001*
	Physical aspect	12.639	3	4.213	10.007	0.001*
marital age Lux value = 0.103 h = 0.002	psychological aspect	7.788	2	3.894	9.098	0.001*
	Physical aspect	6.882	2	3.441	8.173	0.001*
Error	psychological aspect	217.852	509	0.428		
	Physical aspect	214.289	509	0.421		

• Statistically significant at the significance level (α≤0.05).

Table 9 uses analysis of ANOVA to examine how different factors contribute to the mental and bodily manifestations of anxiety. Anxiety levels are significantly affected by a person's age, gender, marital status, and the kind of work they do (as shown by their F values). These findings provide light on the complex ways in which demographic variables interact to shape anxiety experiences, lending insight into the development of targeted therapies and highlighting the need of implementing comprehensive methods of providing emotional and psychological support. Table 9 shows that demographic factors such as respondents' gender, age, occupation, and marriage status strongly impact both the mental and physical manifestations of anxiety. To be more specific, there

is a small gender gap in anxiety levels, with women reporting somewhat higher levels than men. There is also a generation gap in anxiety levels, with those in older marital statuses reporting greater levels. These findings highlight the necessity of considering demographic variables in understanding and alleviating anxiety during the second wave of the COVID-19 pandemic.

Table 10: Scheffe's test for the difference between estimates of two aspects according to age group.

Aspects	Age group		20-30	31-40	41 or above
		Mean	2.76	2.96	3.44
Physical aspect	20-30	2.76		0.20	*0.68
	31-40	2.96			*0.48
	41 or above	3.44			
Aspect	Age group	Mean	3.99	3.56	3.24
Psychological aspect	20-30	3.99		*0.43	*0.75
	31-40	3.56			0.32
	41 or above	3.24			

• Statistically significant at the significance level (α≤0.05).

The table compares the average ratings for both psychological and somatic dimensions of anxiety across three age groups (20-30, 31-40, and 41+). Anxiety levels were lowest among those aged 20-30, rising with age among those aged 31-40 and those aged 41 and more. According to the standard deviations, there was a high degree of agreement across groups. These results imply that anxiety levels, especially the psychological component, may rise with age, perhaps affected by varied life phases and coping mechanisms across age groups.

Table 11: Scheffe's test for the difference between estimates of two aspects according Job Nature

Aspects	Job nature		Public sector	Private Sector	Own business	Jobless
		Mean	2.64	3.03	3.09	3.18
Physical aspect	Public	2.64		*0.39	*0.45	*0.54
	Private	3.03			0.06	0.15
	Own business	3.09				0.09
Aspect	Jobless	3.18				
Psychological aspect	Public	Mean	3.33	3.77	3.84	3.92
	Private	3.33		*0.44	*0.51	*0.59
	Own business	3.77			0.07	0.15
	Public	3.84				0.08
	Jobless	3.92				

• Statistically significant at the significance level (α≤0.05).

Scheffe's test findings are shown in Table 11, which compares the average scores for psychological and bodily components of anxiety among unemployed, company owner, private sector, and public sector individuals. The average levels of somatic and psychological distress among the unemployed were 3.18 and 3.92, respectively. Means for self-employed people were 3.09 (physical) and 3.84 (psychological), for employees in the private sector

they were 3.03 (physical) and 3.77 (psychological), and for those employed in the public sector they were 2.64 (physical) and 3.33 (psychological). Asterisks (*) represent variations that were found to be statistically significant.

The Scheffe's test shows how anxiety levels vary by profession. Anxiety was reported to be lowest by those employed in the public sector and highest by the unemployed and company owners. These results imply that variables including job stability, duties at work, and the character of the workplace may each have a role in shaping the anxiety experienced by different people. The findings shed light on how respondents' work position and industry affected their anxiety levels.

Table 12: Scheffe's test for the difference between estimates of two aspects according to Marital age variable

Aspects	Marital age		0-5	6-10 years	Above 11
		Mean	2.86	3.12	3.26
Physical aspect	0-5	2.86		*0.26	*0.40
	6-10	3.12			0.14
	Over 11	3.26			
Aspect	Marital age	Mean	3.43	3.89	3.99
Psychological aspect	0-5	3.43		*0.46	*0.56
	6-10	3.89			0.10
	Over 11	3.99			

- **Statistically significant at the significance level (α≤0.05).**

Scheffe's test results (mean psychological and physical anxiety scores) are shown in Table 12 for comparison across marriage durations of 0-5 years, 6-10 years, and >11 years. The greatest average levels of anxiety were reported by participants with marriage durations more than 11 years (3.26 for physical anxiety and 3.99 for psychological anxiety). Means for those who had been married for 6-10 years were 3.12 and 3.89, respectively; those who had been married for 0-5 years reported the lowest means, at 2.86 and 3.43. Asterisks (*) denote variations that were found to be statistically significant.

The Scheffe's test highlights age-related differences in anxiety. People who had been married for longer periods of time reported greater anxiety levels, whereas those who had been married for shorter periods of time reported lower anxiety levels. This shows that factors including changing relationship dynamics, parental duties, and social support networks may have a role in how much anxiety an individual suffers over time as a result of their married status. The findings shed light on how respondents' marital status affected their anxiety levels.

Table 13: ANOVA test for the difference between estimates of two aspects according to whole study Variables

Variables	Sum of squares	Degree of freedom	Mean of squares	F-value	Statistical significance
Gender	4.338	1	4.338	12.796	*0.001
Age group	2.004	2	1.002	2.956	0.199
Job nature	11.277	3	3.759	11.088	*0.001
Marital age	8.652	2	4.326	12.761	*0.001
Error	172.551	509	0.339		
Total	1864.354	517			

- **Statistically significant at the significance level (α≤0.05).**

The table presents the outcomes of an analysis of variance (ANOVA) assessing the influence of various variables on anxiety levels. Gender, job nature, and marital age significantly impact anxiety experiences, as indicated by substantial F-values and statistically significant p-values ($p < 0.001$*). Gender differences contribute to varying anxiety levels, while job nature and marital age play significant roles in shaping anxiety responses among different job categories and marital age groups. Age group, however, does not show statistical significance ($p = 0.199$), suggesting that while mean anxiety scores differ across age groups, these differences are not considered significant at the conventional threshold. The findings underscore the multifaceted nature of anxiety responses, influenced by demographic factors, during the COVID-19 second wave.

Table 14: Scheffe's test for the difference between the samples of scale according to whole nature of Job Variable

Job nature		Public sector	Private sector	Own business	Jobless
	Mean	2.99	3.40	3.47	3.55
Public sector	2.99		*0.41	*0.48	*0.56
Private sector	3.40			0.07	0.15
Own business	3.47				0.08
Jobless	3.55				

The table below compares average anxiety levels across four occupational groups: government, private industry, self-employment, and unemployment. Participants in the public sector reported an average anxiety level of 2.99, whereas those in the private sector (3.40), those with their own company (3.47), and those without a job (3.55), all indicated significantly greater levels of anxiety. An asterisk (*) denotes a statistically significant difference (p 0.05). The findings show that people's anxiety levels vary widely depending on the kind of work they do, with the unemployed having the highest mean anxiety score, followed by those in business for themselves and in the private sector, and those in the public sector reporting the lowest. Different people's anxiety levels during the second wave of the COVID may have been affected by their work situations and the nature of their jobs.

Table 15: Scheffe's test for the difference between the samples of scale according to whole Marital age variable

Aspects	Marital age		0-5	6-10	Over 11
		Mean	3.15	3.51	3.63
Physical aspect	0-5	3.15		*0.36	*0.48
	6-10	3.51			0.12
	Over 11	3.63			

The table below shows a comparison of the average anxiety scores of couples who have been married for 0, 5, and more than 11 years. Participants who had been married for more than 11 years reported the highest mean anxiety level (3.63), followed by those who had been married for 6-10 years (3.51), and finally those who had been married for 0-5 years (3.15). The changes that were found to be statistically significant (p 0.05) are denoted with an asterisk (*). Results from the COVID-19 second wave reveal a correlation between married longevity and increased anxiety, highlighting the possible impact of marital age on anxiety symptoms. This emphasizes the need to take into account the dynamics and length of marriages within Jordanian households while managing anxiety.

CONCLUSIONS

In conclusion, this study represents the complex terrain of family anxiety in Jordan during the second wave of the COVID-19 pandemic. Both the mental and physical manifestations of anxiety were shown to be significantly impacted by demographic parameters such as gender, age, work kind, and marital status. The results show that the likelihood of experiencing anxiety increases with age, gender, occupation, and length of marriage. These results underscore the multifaceted nature of anxiety reactions and the need of individualized therapies that target different demographic settings. Policymakers and healthcare practitioners in Jordan may do more to lessen the toll of the

pandemic on Jordanian families if they take a holistic approach to tackling the psychological and physiological components of fear.

RECOMMENDATIONS

The research concludes with the following suggestions based on the findings:

- To better meet the requirements of people with varying degrees of anxiety, it is important to personalize support programs based on factors including age, gender, marital status, and occupation.
- Spread the word via public-awareness initiatives about the demographic factors that contribute to anxiety and how people might deal with it.
- Promote accommodating work environments by coordinating with employers to provide time off for mental health issues, access to stress-management tools, and a safe space to talk about anxiety.
- Create programs geared at families that encourage open lines of communication and mutual support by taking into account the diverse demographic compositions of today's homes.
- Keep tabs on shifting anxiety patterns over time to better inform targeted actions as the pandemic progresses.

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