Identifying the Fear Feelings of COVID-19 During National Lockdown in Egypt: Implication for Social Work

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Abstract

      Social work has a long history in dealing with epidemics. The follower of the historical development of social work finds that in February 1919, the first scientific article concerned with the response of medical social work to deal with the flu epidemic appeared. Cannon, in her article "Medical Social Work and influenza", referred to the central role that social worker played in hospitals to face the influenza pandemic. Social work continues to respond to epidemics and to work on forwarding defense lines with patients from that time until the emergence of one of the most mysterious epidemics in history. This epidemic is referred to, by WHO, as the novel Coronavirus (COVID-19). This study attempts to investigate the fear feelings of COVID-19 in Egypt. An online survey was conducted using a scale of a non-probability snowball sampling technique. A total of 1079 responses were received. Findings indicate that the COVID-19 led to a high percentage of fears, anxiety, and tension among Egyptians. There are differences in these concerns related to infection with COVID-19 regarding the study sample and due to the type variables, residency, and marital status. Strategies for helping social workers to deal with COVID-19 feelings in Egypt are suggested.

KEYWORDS: Fears Feelings – Coronavirus- COVID-19 Pandemic-SARS-COV2- National Lockdown -Social Work, Egypt.

INTRODUCTION

      In late 2002, severe acute respiratory syndrome (SARS-COV) appeared as the first virus that belongs to the family of Coronaviruses that infect human beings. SARS has emerged as a global threat in the Guangdong province in China. It spread to countries of the world, especially to Southeastern Asian countries. This virus resulted in more than 8000 infected people and 900 deaths around the world. In 2012, the second type of these viruses was discovered. It was the Middle East Respiratory Syndrome (MERS-COV). MERS was discovered, for the first time, in Jordan and in the Kingdom of Saudi Arabia in 2012. Until the beginning of 2018, there were 2220 confirmed cases infected with MERS syndrome and 790 deaths. (Lau et al., 2004; Lee et al., 2005; Hung, 2003)

      The literature has indicated that one of the most distinguishing characteristics of these generations of viruses is fear, feelings of stigma, and discrimination towards the infected people, their families, and those working to care for them. SARS was called, at the time of

its emergence, the epidemic of fear. (Lee et al., 2005; Person et al., 2004). At the end of 2019, the world witnessed the third generation of the same family of SARS-COV2 viruses in a seafood market in Wuhan in Eastern China. The COVID-19 pandemic has become the biggest crisis the world has ever witnessed in the 21st century. According to the COVID-19 Situation Dashboard of the World Health Organization (WHO), the virus has infected more than 123,419,065 confirmed cases worldwide and has also killed over 2,719,163 until the time of this research. (WHO, 2021)

This pandemic has been accompanied by many problems such as isolation, an increase of anxiety and fear, fear of not surviving, self-isolation of people, and the consequences of Social Isolation. (Walter-McCabe, 2020; Golightley & Holloway, 2020)

There is, subsequently, a wide range of emotions that accompany epidemics. As a result, individuals may experience anxiety, worry, panic, social withdrawal, excessive sleep, excessive exposure to the media, feelings of helplessness or confusion, anger, and feelings of loss or sadness Wilson (2020) and O'Leary & Tsui (2020) indicated that the world is witnessing many threats resulting from the emergence of the COVID-19 Pandemic. These threats are linked to the increasing spread of the disease, the fear of infection, and the fear of infecting or losing a relative. All professions and specialties must cooperate in dealing with this epidemic. (Wilson, 2020: O'Leary & Tsui, 2020)

LITERATURE REVIEW

Returning to the available research related to the role of social work with clients in times of epidemics, the authors found that some studies aimed at clarifying the contributions of social work in dealing with clients at the time of the SARS epidemic. These studies clarified the role of medical social work, the training needs of social workers, the challenges they faced during the crisis, the role of universities and civil societies, and the experiences of social work practice during the SARS epidemic. Some of these studies are: (Cheung & Tse, 2008; Gearing, et al., 2007; Rowlands, 2007; Park & Lee, 2016).

There has been a serious gap within the literature on COVID-19 Pandemic-related practice in the social work profession. The current study tends to fill the gap in the studies concerned with the role of social work in dealing with the COVID-19 Pandemic.

Ahorsu et al. (2020) indicated that fear is one of the distinguishing features of infectious diseases when compared to other diseases. The danger of feeling fear may increase the spread of the disease. This leads to the emergence of other psychological social challenges such as stigma and of feeling. If the levels of fear increase, individuals may not think clearly and rationally when dealing with COVID-19. Due to the risks of feeling fear from the virus, the researchers developed a measure to determine the level of fear from COVID-19 aiming at helping health care providers to design more appropriate fear-care programs, as well as to facilitate public health initiatives about calming public concerns about the disease. (Ahorsu et al., 2020)

The study of Lin, C.Y. (2020) also indicated that fear and anxiety are two understandable issues in terms of people's health. No one wants to be infected with the virus as there is a very high probability of dying from this virus. That study indicated that such fear can increase anxiety among members of society. The study also referred to the necessity of developing an effective program that would help in reducing people's concerns about the disease. (Lin, 2020)

The study of Fitzpatrick and others, which explains varying degrees of fear of covid-19 across the United States of America, also indicated an increase of fear in places with an increasing number of covid-19 cases. in addition, the feeling of fear increased in women, Spaniards, Asians, families with children under the age of 18, and those born outside with higher levels of fear and personal anxiety than their counterparts. (Fitzpatrick, et al., 2020)

Alkhamees study (2020) aimed to determine the psychological impact of the COVID-19 epidemic on the general population of Saudi Arabia. The results showed that nearly a quarter of the general population whose samples were taken suffer from moderate to severe psychological impact. (Alkhamees et al., 2020)

This study aims to to identify the feelings of fear associated with COVID-19 Pandemic among a sample of Egyptians. This study provides a piece of meaningful evidence to help social workers support the members of Egyptian society. It helps them estimate these fears and find solutions that would show the role of social work in managing fears associated with COVID-19. It provides severalsuggestions for the social work in dealing with social and psychological effects associated with the COVID-19 Pandemic.

OBJECTIVES

1. To identify the Fear's feelings of the COVID-19 Pandemic among a sample of Egyptians.
2. To examine whether the demographic characteristic has an impact on the Fear's feelings of the COVID-19 Pandemic among a sample of Egyptians.

HYPOTHESES

- The Fear's feelings of the COVID-19 Pandemic in a sample of Egyptians differ from the viewpoint of the study participants.
- There is a statistically significant correlation between gender variable and the Fear's feelings of the COVID-19 Pandemic among a sample of Egyptians.
- There is a statistically significant correlation between demographic variables (age, place of residence, educational qualification, marital status) and the Fear's feelings of the COVID-19 Pandemic among a sample of Egyptians.

METHOD

Participants and Procedure

The quantitative study entailed a cross-sectional online survey conducted among 1079 participants in Egypt between 12 and 30 April 2020 (Table 2). The study designed to assess the Fear's feelings of the COVID-19 Pandemic during the national lockdown. that aims at minimizing personal contact during the outbreak. The questionnaires were administered online through the Google Forms web application and sent to the smartphones of participants via WhatsApp, mail, social media (Instagram, Facebook, Twitter, etc.). When the participants receive the link and click on it, they automatically obtain information about the study and the informed consent. To be included in the study participants had to be aged ≥18 y, able to speak Arabic, and who has access to their forms through social media websites. Participation was voluntary and no incentive was offered.

As the sample is self-selected, it does not exactly correspond to the structure of the Egyptian population. therefore, the results of the study cannot be generalized. The data sample indicated some sort of biases as the majority of the sample belongs to the youth and the university students and the underrepresentation of the elderly. Taking into account that these biases are usually existing in online surveys which are frequently explained as a result of the digital divide among different ages.

ETHICAL CONSIDERATIONS

The Authors were keen on clarifying the rules and ethical standards for the participants before starting to fill out the survey. The informed consent form was included to help the researchers to view it. The aim of the research, the benefits that researchers may gain when participating in the survey, and the research tool time limits were mentioned too. The participants' rights of not participating in the tool and leaving the participation at any time without punishment or loss of benefits that he/she is entitled to get from the participation were also clarified. The participants were informed that there are no direct financial incentives provided to the participants in the research. It was also noted that this research will work on forming an acute insight into the nature of the concerns that the Egyptian community suffers through the novel coronavirus outbreak. The confidentiality of the information that will be completely unknown, the fact that the unknown data will be kept in a safe closed place, and that the primary data will be destroyed after one year of completing the study have been assured.

MEASUREMENT

The Fear of COVID-19 Scale: The (FCV-19) Scale was primarily developed by Ahorsu and others in 2020. The scale was translated into Arabic and then re-checked for reliability and validity. (Ahorsu et al., 2020). This scale contains 10 items. The participants indicate their level of agreement with the statements using a five-item Likert-type scale. Answers included "strongly disagree, disagree, neither agree nor disagree, agree and strongly agree. The minimum score possible for each question is 1, and the maximum is 5. A total score is calculated by adding up each item score (ranging from 10 to 40). The higher the score, the greater the fear of COVID-19.

The FCV-19 Scale has high internal consistency and test-retest reliability and has been tested among many populations. The internal consistency reliability of the ten-item scales in our sample ranged from 0.575 to 0. 807.

table 1 shows that the dimensions of the Fear of COVID-19 Scale for an Egyptian sample have a statistically significant level of reliability ($p = 0.01$). This indicates high internal consistency coefficients, as well as high and sufficient indicators of validity that can be trusted in applying the current study.

Table (1) - The internal consistency between the variables of the Fear of COVID-19 Scale in a sample of Egyptians and the Scale overall degree   (n = 30)

Dimension	Correlation coefficient with total score	Significance
Item 1. I am most afraid of coronavirus-19.	0.807**	0.000
Item 2. It makes me uncomfortable to think about coronavirus-19.	0.793**	0.000
Item 3. I worry a lot about coronavirus-19.	0.628**	0.000
physical well-being.	0.683**	0.000
Item 4. Coronavirus-19 is almost always terminal.	0.588**	0.000
Item 5. Coronavirus-19 is an unpredictable disease.	0.653**	0.000
Item 6. My hands become clammy when I think about coronavirus-19.	0.803**	0.000
Item 7. I am afraid of losing my life because of coronavirus-19.	0.588**	0.000
Item 8. When watching news and stories about coronavirus-19 on social media, I become nervous or anxious.	0.557**	0.000
Item 9. I cannot sleep because I am worrying about getting coronavirus-19	0.579**	0.000
Item 10. My heart races or palpitates when I think about getting coronavirus-19.	0.807**	0.000

** Significance at P value (0.00)   * Significance at P value (0.05)

RESULTS

PARTICIPANTS CHARACTERISTICS

Analysis of demographic information revealed that study participants had a mean age of the participants (n = 1079) was 30.57 years (SD± 1.509), (Table 2). The most participants (349 respondents) reported 20 to 25 years as their age (33.2 percent); 218 respondents (20.2 percent) reported being 25 to 30 years; 200 respondents (18.5 percent) reported being between ages 30 and 35; 190 respondents (17.6 percent) reported being 35 to 40; 57 respondents (5.3 percent) reported being 40 to 45; and 65 respondents (6.0 percent) reported being 40 years or more.

Table (2) Demographic characteristics of the participants (n =1079)		
Demographic	Frequency	Percentage SD
Gender		
Male	536	49.7
Female	543	50.3
Age		
20-25	349	32.3
25-30.	218	20.2
30-35.	200	18.5
35-40	190	17.6
40-45	57	5.3
45 +	65	6.0
Mean	30.57	1.509
Area of residence		
Rural	365	33.0
Urban	723	67.0
Educational Status		
Preparatory/high school	73	6.8
University	596	55.2
Higher studies	410	40
Social Status		
Single	532	49.3
Married	505	46.8
Divorced.	33	3.1
Widowed.	9	0.8
TOTAL	**1079**	**100**

Results of the First Hypothesis of the Study

The feelings of COVID-19 Pandemic fear, in a sample of Egyptians, differ regarding the viewpoint of the study participants. The results of the study (Table No. 3) refer to the validity of the first hypothesis, which shows the difference in fear levels of COVID-19 from the viewpoint of the participants (the study sample). The results also show that there is some difference in the order of the fears associated with infection with the novel coronavirus. "I worry a lot about COVID-19" came first with an average of (3.39). " COVID-19 is almost always terminal" came second with an average of (3.24). "It makes me uncomfortable to think about COVID-19" came third with an average of (3.23). "I am most afraid of COVID-19 " came fourth with an average of (3.18). "I am afraid of losing my life because of COVID-19" came fifth with an average of (3.11).

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Results of the Second Hypothesis of the Study

The results of the second hypothesis of the study are as follows. There is a statistically significant correlation between gender variable and the fears feelings of COVID-19 Pandemic among a sample of Egyptians the results of the study (Table No. 4) refer to the validity of the second hypothesis about the existence of a relationship between the gender variable and the feelings of fear from COVID-19 in the study sample. Eight phrases, from the scale phrases, show a relationship between the gender variable and feelings of fear from COVID-19 in the study sample. While only two phrases of the scale phrases show that there is no relationship between the gender variable and the fear from COVID-19 in the study sample. Phrase No. (1) "I am most afraid of COVID-19" shows the lack of a relationship between fears and the gender variable as the value of (Chi-Square) reached (7.989) which is not an important value since the significance level is greater than (0.05). Phrase No. (3) "I worry a lot about COVID-19" indicates that there is no relationship between fears and the gender variable as the value of (Chi-Square) reached (3.948) which is not a significant value since the significance level is greater than (0.05).

Results of the Third Hypothesis of the Study

The third hypothesis of the study was as follows. There is a statistically significant correlation between demographic variables (age, place of residence, educational qualification, marital status) and the Fear's feelings of the COVID-19 Pandemic among a sample of Egyptians.

The results confirm the validity of the third hypothesis of the study. To test this hypothesis, the researchers use the "Pearson, Chi-Square, and Gamma" values to try to find out if there is a relationship between some demographic variables and the fears associated with infection with the COVID-19 in a sample of Egyptians. Table No. (5) shows that there is a statistically significant relationship between some of the demographic variables and the fears associated with the infection with the COVID-19 in the study sample. These demographic variables are gender, area of residence, and marital status. This means that the fears associated with the infection with the COVID-19 differ according to some demographic variables in the study sample. The rest of demographic variables, the age, and the educational level of the participants in the study sample, do not affect the concerns associated with the COVID-19.

Table (4)- The correlation between gender variable and the Fear's feelings of the COVID-19 among a sample of Egyptians (n =1079)

Items	Responses	Male		Female		Total		Chi-Square	df	Sign
		No	%	No	%	No	%			
Item 1	Strongly Agree	39	3.6	37	3.4	76	7	7.989	4	Non-Significant
	Agree	160	14.8	185	17.1	345	32			
	Neither Agree nor Disagree	208	19.3	226	20.9	234	40.2			
	Disagree	84	7.8	65	6	149	13.8			
	Strongly Disagree	45	4.2	30	2.8	75	7			
Item 2	Strongly Agree	33	3.1	42	3.9	75	7	15.445	4	Significant
	Agree	211	19.6	241	22.3	452	41.9			
	Neither Agree nor Disagree	135	12.5	156	14.5	291	27			
	Disagree	99	9.2	68	6.3	167	15.5			
	Strongly Disagree	58	5.4	36	3.3	94	8.7			
Item 3	Strongly Agree	34	3.2	40	3.7	74	6.9	3.948	4	Non-Significant
	Agree	250	23.2	268	24.8	518	48			
	Neither Agree nor Disagree	152	14.1	157	14.6	309	28.6			
	Disagree	62	5.7	50	4.6	112	10.4			
	Strongly Disagree	38	3.5	28	2.6	66	6.1			
Item 4	Strongly Agree	4	0.7	5	0.5	9	0.8	15.429	4	Significant
	Agree	23	2.1	29	2.7	52	4.8			
	Neither Agree nor Disagree	121	11.2	138	12.8	259	24			
	Disagree	194	18	234	21.7	428	39.7			
	Strongly Disagree	194	18	137	12.7	331	30.7			

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Table (3) - Ranking of the Fear's feelings of the Coronavirus (COVID-19) among a sample of Egyptians (n =1079)

Items	Strongly Agree		Agree		Neither Agree nor Disagree		Disagree		Strongly Disagree		Mean	Ranking
	N	%	N	%	N	%	N	%	N	%		
Item 1. I am most afraid of coronavirus-19.	76	7	345	32	434	40	149	13.8	75	7	3.18	4
Item 2. It makes me uncomfortable to think about coronavirus-19.	75	7	452	41.9	291	27	167	15.5	94	8.7	3.23	3
Item 3. I worry a lot about coronavirus-19.	74	6.9	518	48	309	28.6	112	10.4	66	6.1	3.39	1
physical well-being.	9	0.8	52	4.8	259	24	428	39.7	331	30.7	2.05	8
Item 4. Coronavirus-19 is almost always terminal.	70	6.5	456	42.3	285	26.4	202	18.7	66	6.1	3.24	2
Item 5. Coronavirus-19 is an unpredictable disease.	5	0.5	49	4.5	69	6.4	369	34.2	587	54.4	1.62	10
Item 6. My hands become clammy when I think about coronavirus-19.	24	2.2	204	18.9	240	22.2	309	28.6	302	28	2.39	6
Item 7. I am afraid of losing my life because of coronavirus-19.	60	5.6	406	37.6	321	20.7	179	16.6	113	10.5	3.11	5
Item 8. When watching news and stories about coronavirus-19 on social media, I become nervous or anxious.	8	0.7	45	4.2	133	12.3	435	40.3	458	42.4	1.80	9
Item 9. I cannot sleep because I am worrying about getting coronavirus-19	14	1.3	109	10.1	213	19.7	365	33.8	378	35	2.09	7

Table (4)- The correlation between gender variable and the Fear's feelings of the COVID-19 among a sample of Egyptians (n =1079)

Items	Responses	Male		Female		Total		Chi-Square	df	Sign
		No	%	No	%	No	%			
Item 5	Strongly Agree	45	4.2	25	2.3	70	6.5	14.082	4	Significant
	Agree	238	22.1	218	20.2	456	42.3			
	Neither Agree nor Disagree	133	12.3	152	14.1	285	26.4			
	Disagree	84	7.8	118	10.9	202	18.7			
	Strongly Disagree	36	3.3	30	2.8	66	6.1			
Item 6	Strongly Agree	5	0.5	0	0	5	0.5	15.753	4	Significant
	Agree	24	2.2	25	2.3	49	4.5			
	Neither Agree nor Disagree	34	3.2	35	3.2	69	6.4			
	Disagree	158	14.6	211	19.6	369	34.2			
	Strongly Disagree	315	29.2	272	25.2	587	54.4			
Item 7	Strongly Agree	10	0.9	14	1.3	24	2.2	16.058	4	Significant
	Agree	98	9.1	106	9.8	204	18.9			
	Neither Agree nor Disagree	109	10.1	131	12.1	240	22.2			
	Disagree	140	13	169	15.7	309	28.6			
	Strongly Disagree	179	16.6	123	11.4	302	28			
Item 8	Strongly Agree	20	1.9	40	3.7	60	5.6	43.246	4	Significant
	Agree	169	15.7	237	22	406	37.6			
	Neither Agree nor Disagree	159	14.7	162	15	321	29.7			
	Disagree	111	10.3	68	6.3	179	16.6			
	Strongly Disagree	77	7.1	36	3.3	113	10.5			

Table (4)- The correlation between gender variable and the Fear's feelings of the COVID-19 among a sample of Egyptians (n =1079)

Items	Responses	Male		Female		Total		Chi-Square	df	Sign
		No	%	No	%	No	%			
Item 9	Strongly Agree	4	0.7	4	0.7	8	0.7	43.246	4	Significant
	Agree	21	1.9	24	2.2	45	4.2			
	Neither Agree nor Disagree	53	4.9	80	7.4	133	12.3			
	Disagree	189	17.5	246	22.8	435	40.3			
	Strongly Disagree	269	24.9	189	17.5	458	42.4			
Item 10	Strongly Agree	7	0.6	7	0.6	14	1.3	16.669	4	Significant
	Agree	41	3.8	68	6.3	109	10.1			
	Neither Agree nor Disagree	97	9	116	10.8	213	19.7			
	Disagree	175	16.2	190	17.6	365	33.8			
	Strongly Disagree	216	20	162	15	379	35			

Table (5)- The correlation between Demographic characteristics variable and the Fear's feelings of the COVID-19 among a sample of Egyptians (n =1079)

N	Demographic characteristics	The Fear's feelings of the COVID-19		
		coefficient	Sign	DF
1	Age	Pearson	0.028	
2	Residence	Chi-squar	58.372**	Df= 38
3	Educational Status	Gamma	0.001	
4	Social Status	Gamma	0.101**	

** Significance at P value (0.00)   * Significance at P value (0.05)

DISCUSSION

Statistics from the World Health Organization (WHO) state the spread of the COVID-19 Pandemic in more than 200 countries. Egypt is one of these countries in which the COVID-19 has spread. Egypt is a big country with a population of more than 100 million. This number can be associated with a large number of citizens who are at great risk of the novel coronavirus outbreak and an increase in the number of infected people and deaths due to this virus (WHO,2020b; Abd-Alrazaq, 2020)

This study attempts to identify the feelings of fear associated with the COVID-19 among a sample of Egyptians. It is the first study that discusses the concerns of Egyptians about COVID-19 from the perspective of social work in Egypt. The results of the study refer to the increase in fear feelings among the study sample according to differences in their gender, area of residence, and marital status. These fears may exist due to the rapid spread of this virus, the mystery of that type of viruses, or because no treatment, for this pandemic, has been discovered. The World Health Organization (WHO) states that the spread of COVID-19 has been accompanied by the spread of feelings of fear, anxiety, stigma, and discrimination towards the infected persons, their families, as well as those in contact with them (WHO, 2020b). The results of this study are consistent with the studies conducted by (Abd-Alrazaq, et al., 2020; Mukhtar, 2020; Wang C, et al., 2020) which indicate that the members of the study sample had expressed their fear and stress about COVID-19 due to its rapid spread and the lack of treatments or vaccines for the disease caused by this virus.

The results of the study show an increase in anxiety among the members of theCOVID-19 study sample with an average of 3.39. This anxiety may be due to fear of infection, or the infection of relatives or close people. The results of this study are consistent with the results of the study of Moghanibashi-Mansourieh, (2020). This study confirmed that there are feelings of boredom, loneliness, and feelings of guilt due to the patients' lack of presence with their families, in addition to a post-traumatic stress disorder, or even suicidal thoughts and attempts. COVID-19 can cause enormous feelings of concern, a matter that can accelerate paranoia and nihilistic delusions.

The results of the study indicate that the participants of the study sample are uncomfortable while thinking about the dangers of COVID-19. People are preoccupied with the epidemic and the resulting closure of schools, universities, mosques, churches, cafes, and entertainment centers, in addition to imposing a complete or partial curfew in countries , etc. which occupy the Egyptians' thinking in the study sample. In a study conducted in India (Roy et al., 2020), 72% of the participants were concerned about themselves and their relatives during the continuation of this epidemic. More than 80% of people, in the study sample, were occupied with ideas about COVID-19.

The results of the current study (Table. 4) show that females are more concerning than males in fear of infection. The percentage of females' approvals and strong approvals that thinking about COVID-19 makes them uncomfortable with a percentage of (26.2%). While the percentage of males who approve and strongly approve was (22.7%). These results were consistent with what was shown by Moghanibashi-Mansourieh's study (2020) which showed that women are more concerned about COVID-19 than men.

The results of the study show the participants' concerns within the study sample when hearing or watching news and stories about COVID-19 through social media. This may be due to the daily increase of cases that reached 5,596,550 infected people as well as deaths of 353,373 around the world according to WHO's COVID-19 disease dashboard. In addition, there is an increasing number of cases in Egypt. According to the official statistics of the Egyptian Ministry of Health, there are 20793 infections and 845 deaths in Egypt until now. People are hearing and watching the news of the infected persons and the feelings of their families. All of this would cause a state of anxiety and tension among the study sample members when

hearing or watching the news about COVID-19. Results of the study indicated that females are more affected than males. The percentage of females, strongly approving that they have concerns and stress while watching the news and stories about COVID-19 through social media, was (25.7%). While the percentage of males who are disapproving and strongly disapproving was (17.4%). The results of the study indicated that the responses of the study sample members of males and females are equal in the feelings of fear and anxiety about COVID-19. The results of this study are consistent with the study of Abdelhafiz et.al. (2020) that most of the participants agreed that the virus represented a life threat, and they were concerned about the possible risk of infection for any member of their families. (Abdelhafiz et.al., 2020). The results of the study confirmed the existence of a significant relationship between the variable of residence of the study sample, rural-urban, and fear feelings of COVID-19. The value of Chi-square according to Table No. 3 was 58.372 ** which confirms the existence of a relationship between the area of residence variable and the fear of the COVID-19.

The results of the study confirm the existence of a significant relationship between the social status variable within the study sample (single, married, widowed, or divorced) and fear feelings of COVID-19. The value of the gamma factor was, according to the table No. (3) as 0.101 **, which confirms the existence of a relationship between the marital status variable and the fear from the COVID-19.

The results of the study indicated that there is no difference between the age variable of the study sample and the fear feelings of COVID-19. The Pearson factor is 0.028, which indicates that whatever the age of the participants, they all have the same feelings of fear and there are no differences between the age and the fear feelings of COVID-19. Lee (2020) mentioned the effects associated with the outbreak of epidemics and the existence of a clear link between epidemic-related anxiety and the increasing symptoms of stress and anxiety, fears, post-traumatic stress, and suicide.

The results of the study confirm that there is no difference between the variables of the educational levels of the participants in the study sample and the fear feelings of COVID-19. The gamma factor is 0.001 which indicates that whatever the educational level of the study sample members, they all have the same feelings of fear and there are no differences between the educational levels of the study sample members and the fear feelings of COVID-19.

The results of the study show that there is a relationship between the gender of the participants and their belief that the end of their lives will be due to COVID-19. It is found that there is a strong relationship between this phrase and the gender of the participants. The value of Chi-Square reaches (15.429) which is a significant value and therefore, we reject the null hypothesis and accept the hypothesis which indicates that the gender variable (male or female) and the fears associated with the infection of the COVID-19 are unchangeable variables and that there is a relationship between them. Males refuse strongly the idea that their end will be due to COVID-19 with a percentage of (36%) if compared with the percentage of females who did not approve and who strongly rejected the same idea with a percentage of (34.4%).

The results of the study indicated that the study sample members are not able to sleep adequately due to anxiety from COVID-19. It is found that there is a strong relationship between this phrase and the gender of the participants. The value of Chi-Square is 43.246 which is less than (0.05), so we reject the null hypothesis and accept the hypothesis that indicates that the gender variable (male-female) and the fears of infection with the COVID-19 are dependent variables that prove that there a relationship between them. This shows that males are more rejecting the idea than females. The percentage of males who disagree and strongly disagree with the idea that they cannot sleep because they are concerned about the COVID-19 infection was (42.4%). While the percentage of the female members who are rejecting and strongly rejecting the same idea was (40.3%).

STUDY LIMITATIONS

There are clear limitations to this study. our study is limited to the people who had smartphones, Facebook, Twitter accounts, and reading ability. This represents the educated population of the country, so it should not be generalized to the whole Egyptian population. The fear feeling in uneducated people may be different from the findings of our study. This study was applied to a small sample of Egyptians, it is inappropriate to generalize the results to all Egyptian people. A larger Sample may provide different results. Therefore, caution is advised before assuming the generalizability of the results.

For future studies, the researchers highly recommend paying great attention for representing the elderly in measuring the fears related to the COVID-19 Pandemic.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

Since the appearance of the COVID-19 Pandemic, it has caused many changes and challenges for the social work profession such as reviewing the nature of the social work professional practice to deal with this crisis. In light of the study results, we recommend the following:

1. Social workers should appeal to community members to reduce viewing and reading news related to COVID-19 which can increase anxiety, fear, and depression. Instead, they should request information from valid sources, especially from the World Health Organization (WHO) and reputable journals.
2. It is important for the individual to consider that he/she is not alone and to be frank in the face of panic and fear to reduce these feelings. He/she should visit doctors and social workers to share his/her feelings with them.
3. The role of social work in dealing with epidemics in social work educational curriculums should be included.
4. A series of training courses for social work students in all social work education phases should be created to respond to COVID-19 effects.
5. Future studies on the social dimensions associated with COVID-19 must be conducted out, training students on how to do social/family support activities to clients online, considering all the ethical points of the digital social work practice, should be considered. The use of digital platforms in teaching social work to students should be expanded.

CONCLUSION

In conclusion, this study found that the level of the Fear feelings of the COVID-19 Pandemic among a sample of Egyptians is high. We found a statistically significant inverse relationship between the Fear feelings of the COVID-19 Pandemic and some demographic variables for the study sample. There is a need to conduct further studies concerning the impact of Covid-19 on Egyptian people. It could also be useful for future studies to considertherelationshipbetweencovid-19andstigma behavior among Egyptians.

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