

The Psychosocial Impacts of Social Distancing during COVID-19 pandemic. (A Field Study on a Sample of Citizens and Residents of UAE)

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ABSTRACT

Doubtless, COVID-19 now presents a serious threat for mental health around the world, the unpredictable, fast-spreading caused universal awareness anxiety, and distress all. The present study, therefore, aims to understand the psychosocial impacts of social distancing during the COVID-19 pandemic on UAE Society. This descriptive and correlational study design has included 592 (192 males and 400 females), The participants are mix of locals and residents of Arabic speakers, who responded to the questionnaire on a voluntary basis. A multiple-choice questionnaire with (33) items was designed to investigate the psychosocial impacts of social distancing during the COVID-19 pandemic. Finding has shown that (29.7%) of the respondents reported negative physical symptoms, (43.7%) reported negative psychological Symptoms, and (43.6%) reported negative social symptoms. Findings also show that the oldest group, the Non-married group, and people with the highest income group have shown the highest psychosocial impacts among their groups, while there are no significant differences in the psychosocial impacts according to gender. This result can be of importance to health and social services to prioritize the psychological and social needs and do certain interventions in order to raise the mental health level and wellbeing among population.

Keywords: psychosocial impacts, Social distancing, COVID-19, psychological impacts, social impacts, physical impacts.

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Introduction

The first human cases of COVID-19 were first reported officially in Wuhan City, China, in December 2019. Soon after, the COVID-19 infection has spread worldwide, prompting the WHO to declare a public health emergency of international concern in late January 2020 and characterize it as a pandemic early in March 2020 ("*Coronavirus Disease (COVID-19) Situation Reports*", 2020) Novel COVID-19 is highly contagious and rapidly spreadable infectious disease that causes inflammation

in respiratory system. Till to date (1/6/2021)170.800.205 confirmed cases with 3.557.771deaths have been reported from approximately 192 countries of the world ("*COVID-19 Map - Johns Hopkins Coronavirus Resource Center*", 2020)

Many countries across the globe have implemented several measures to prevent the spread of the infections among its population. Those measures included infection control measure and health education and social distance policy ranged from closing schools, restaurants, sports,

social and public events, working from home, to complete curfew and lockdown the country (Rubin & Wessely, 2020; Pulla, 2020)

More than (7.67 Billions) people all over the world experienced home quarantine for more than three months. Quarantine often is unpleasant experiences for those who subject it, because of Social Distancing (Brooks et al., 2020), which means separation from loved ones, loose of freedom, uncertainly over disease status. According to the results of previous studies, there will be a lot of consequences due to this social distancing and quarantine that includes, suffering on the physical, mental health and social wellbeing at person and population level. imposed mass quarantine applied by nationwide lockdown program can produce mass anxiety and distress due to factors like sense of getting cornered and loss of control (Hawryluck et al., 2004; Brooks et al., 2020)

COVID-19 has been considered a relative of Severe Acute Respiratory Syndrome (SARS) (Cheng & Williamson, 2020) According to WHO a total of 8422 people worldwide affected with SARS, with 916 death ("WHO | 2003", 2020) and It was controlled within eight months (by July 2003) (Wilder-Smith et al., 2020) Little was known about SARS's cause or optimal management worldwide, it has been described as a mental health catastrophe because of widespread psychopathology associated with the disease.

Moreover researches conducted on people who in quarantine because of being in close contact with those who potentially have SARS, reported various negative responses during the quarantine period like guilt, Confusion emotional disturbance, nervousness, depression, stress, low mode

irritability, insomnia, anger, emotional exhaustion (Braunack-Mayer et al., 2013; Cava et al., 2005; DiGiovanni et al., 2004; Hawryluck et al., 2004; Lee et al., 2005; Maunder et al., 2006) ; Pan et al., 2005; REYNOLDS et al., 2007; Mihashi et al., 2009)

Likewise, the impacts of Middle East Respiratory Syndrome (MARS) and Ebola epidemics have affected increased psychological disorders, including depression, anxiety, and substance use. Studies about the effect of MERS infection have analyzed factors related to symptoms of anxiety and anger after social distancing and home quarantine during the MARS outbreak and reported that individual experienced increased anxiety (Jeong et al., 2016; Lee et al., 2018) Also, demonstrated clear links between pandemic -related anxiety and elevated symptoms of stress, anxiety, contamination concerns, health anxiety, post-traumatic stress, and suicidality (Chong et al., 2004; Wheaton et al., 2011)

According to the previous studies that focused on the effects of outbreaks pandemics, the seriousness of the psychological impacts is not (directly) only because of the outbreak but it due to the procedures that had was taken by the authorities to control spreading the epidemic like social distancing and quarantine. Many studies have discussed an intense and wide spectrum of psychosocial ramifications that pandemic can inflict on the people, Mass fear of COVID-19, rightly termed as Corona phobia (Asmundson & Taylor, 2020), that is likely due to the uncertain character of the virus perceived risk of acquiring the infection.....etc. This can generate negative psychosocial responses including maladaptive behavior, emotional distress and avoidance reaction among common

people, also other studies reported that psychological consequences have been found due to quarantine can vary from immediate effects, like irritability, anger, confusion, frustration, high level of stress, anxiety, loneliness, and depression (Brooks et al., 2020; Li et al., 2020). also some studies pointed to specific physical symptoms, like myalgias dizziness and coryza were significantly associated with more negative psychological effects like high level of stress, anxiety and depression (Wang et al., 2020; Wang Y, et al ,2020) Others studies have discussed the Impact of the COVID-19 Pandemic on Mental Health and Quality of Life (Zhang Y, Ma F Z., 2020, Douglas M, et al 2020)

Doubtless, COVID-19 now presents a serious threat for mental health around the world, the unpredictable, fast-spreading caused universal awareness anxiety and distress all of which. where WHO technical guidance notes State that " the main psychological impact to date is elevated rates of stress or anxiety that effects on many people usual activities, routines or level of loneliness, depression, harmful alcohol, and drug use (Shimamura et al, 2020).

Despite the significant increase in the number of people infected with COVID- 19, to date, there are limited studies that have investigated how severe the psychosocial impacts of COVID-19 pandemic, especially in UAE.

Method

Study design

The descriptive study design has been employed to determine the psychosocial impacts of social distancing during COVID-19 in the UAE society.

Participants

In light of the previous, studies demonstrated clear links between pandemic -related various symptoms on a physical, psychological, and social level that affect an individual's mental health and his productive abilities. However, few studies have reported the psychosocial impacts of the COVID-19 pandemic in Arab countries.

The United Arab Emirates (UAE) like most of the world implemented social distancing policy that include lock down the country and quarantine. Although local authorities have taken tough measures to control the spread of the disease, the number of cases reached 572,804 and the total number of deaths 1,684 to date.

There no doubt that these procedures have to affect the general population at different psychological, physical, and social levels.

The present study tries to understand the psychosocial impacts of **social distancing measures** in **UAE** Following research questions are constructed to achieve the aim comprehensively:

RQ1: What are the psychosocial impacts of social distancing during COVID-19 pandemic on UAE Society?

RQ2: Is there any differences in the psychosocial impacts of social distancing based on: Gender, Social Status, Age group, Income and Level of education?

650 forms were distributed to a purposive sample of UAE population, 607 forms were retrieved, 15 forms were excluded due Typical and repeated answers, the final participants were 592 (192 males and 400 females), with a response rate of 91.1%. The range of the age varies between 18 and 60 years, with an average age of 30.9 years. The participants are mix of locals and

residents of Arabic speakers, who responded to the questionnaire on a voluntary basis.

Administration time ranged from 10-20 min. participant's names were not included to ensure confidentiality.

Instrument

Several scales were carefully reviewed including the Generalized Anxiety Disorder Scale (GAD-7) (Spitzer, R.L, et al ,2006) and General Health Questionnaire (WHO,1999), A multiple-choice questionnaire was designed to investigate the psychosocial impacts of social distancing during the COVID-19 pandemic. The investigator/s designed the questionnaire to investigate the psychosocial impacts through three categories of symptoms that are physical symptoms, psychological symptoms, and social symptoms. The first part of the questionnaire consists of demographic information about participants, including biography and general information.

The total items of the questionnaire are (33), *The physical impact* are measured by (10) items (1 ,4 ,7 ,10 ,13 ,16 ,19 ,22 ,25 ,29), while *the psychological impacts* are measured by (14) items (2 ,5 ,8 ,11 ,14 ,17 ,20 ,23 ,26 ,28 ,30 ,32 ,31,33) .As for the *Social impacts* was measured by(9) items (3 ,6 ,9 ,12 ,15 ,18 ,21 ,24 ,27).Participants were asked to Express their feeling during last four weeks and choose the best answer for them, Using a 5-point Likert Scale with the following scoring: *Less than usual ,as usual , more than usual and much more than usual.*

Validity and Reliability

The questionnaire validation was made by sending it to eight different arbitrators, who were educational experts specializing in

psychology, language, and measurement. The questionnaire was consisting of (40) items. Based on the experts' suggestion, seven items were deleted, Therefore, the final form of the questionnaire consisted of 33 items.

Consistency validity was tested by the correlation coefficients ranging from for physical impacts (0.658 to 0.923), psychological (0.526 to 0.868), social (0.567 to 0.818) which were all statistically significant.

The questionnaire reliability has been calculated by using Cronbach alpha: the physical impact was (0.924), the psychological impact was (0.929) and the social impact was (0.873)

Procedure

An online questionnaire was launched online, Participants were recruited using purpose sampling among Citizens and residents living in UAE in the time of data collection. The survey was conducted between April- June, 2020. During the distribution of questionnaires. They were informed about the purpose of the study and asked to give their approval on personal data treatment. All procedures followed the ethical standards and were approved by the Ethics Committee of the Ajman University. Descriptive data are presented as means, standard deviations, 95% confidence intervals, absolute and relative frequencies. t-test and Chi-square test, t-test or ANOVA, and multiple linear regression were performed to study the relations between the variables and the outcome.

Ethical approval

25-6-, Ajman University, United Arab Emirates.

Result:

Participant Sociodemographic

As seen in Table.1, The age of participants are ranging between 18 and 60 years, the mean age of participants was (30.9) with standard deviation (9.38) (30.9± 9.38). Half

of the participants (53.2%) were married at the time of the study. Additionally, (83.3%) of participants were had a higher level of education. In employment status, (33.6%) of the participants had a job, 44.4% were students, and (22%) had no job. The participants are a mix of UAE citizens and Arabic residents.

Table 1. Sociodemographic characteristics of participants

| Variables | All (n=592) | Males (n=192) | Females (n= 400) | P-Value ¹ |
|---------------------------------|-------------|---------------|------------------|----------------------|
| Age (years) | 30.9± 9.38 | 32.2± 10.56 | 30.3± 8.71 | 0.001 |
| Marital status, n (%) | | | | |
| Single/Divorced/ | 277 (46.8) | 94 (49.0) | 221 (53.2) | 0.010 |
| Married | 315 (53.2) | 98 (51.0) | 179 (46.8) | |
| Education level, n (%) | | | | |
| less than Secondary | 38 (6.4) | 9 (4.7) | 29 (7.2) | 0.000 |
| Secondary | 55 (9.3) | 13 (6.8) | 42 (10.5) | |
| University level | 499 (83.3) | 170 (88.5) | 329 (82.3) | |
| Income level, n (%) | | | | |
| less than 2000 | 191 (32.3) | 51 (26.6) | 140 (32.3) | 0.021 |
| from 2000 to 4999 | 128 (21.6) | 26 (13.5) | 102 (25.2) | |
| from 5000 to 10999 | 126 (21.3) | 41 (21.4) | 85 (21.3) | |
| more than 11000 | 147 (24.8) | 74 (38.5) | 73 (18.3) | |
| Employment status, n (%) | | | | |
| Student | 263 (44.4) | 82 (42.7) | 181 (45.2) | 0.000 |
| Employee | 199 (33.6) | 85 (44.3) | 114 (28.5) | |
| Unemployed | 130 (22.0) | 25 (13.0) | 105 (26.3) | |

¹Chi- Square Testing of Goodness of Fit

The psycho-social impacts of social distancing during COVID-19 pandemic on UAE Society

The prevalence level of psychosocial impacts of social distancing due to the COVID-19 pandemic has been found.

As shown in table 2 about (29.7%) of the respondents reported negative physical symptoms score > 30; About (43.7%) of the respondents reported negative psychological Symptoms score > 42; And, about (43.6%)

of the respondents reported negative social symptoms score > 27.

Also, as shown in table 2, there is no association between the percentage of the participants with any negative psychosocial symptoms on the (physical, psychological, and social) level and gender (male:32.3%,44.3%,47.4%;female:28.5%,43.5%,41.8%) respectively.

Table 2. The prevalence level of Psychosocial impacts during COVID-19

| Variables | All (n=592) | Males (n=192) | Females (n= 400) | P-Value ¹ |
|--------------------------------------|-------------|---------------|------------------|----------------------|
| physical impacts, n (%) | | | | 0.345 |
| physical impacts > 30 | 176 (29.7) | 62 (32.3) | 114 (28.5) | |
| Physical impacts ≤ 30 | 416 (70.3) | 130 (67.7) | 286 (71.5) | |
| psychological impacts, n (%) | | | | 0.860 |
| psychological impacts > 42 | 259 (43.7) | 85 (44.3) | 174 (43.5) | |
| psychological impacts ≤ 42 | 333 (56.3) | 107 (55.7) | 226 (56.5) | |
| Social impacts, n (%) | | | | 0.195 |
| Social impacts > 27 | 258 (43.6) | 91 (47.4) | 167 (41.8) | |
| Social impacts ≤ 27 | 334 (56.4) | 101 (52.6) | 233 (58.2) | |

¹Test of Independence-Chi-square test

Table 3 demonstrate that the overall mean of the physical impacts was (25.7± 10.35) reflecting mild impacts, the notable reported physical symptoms items these are :(25)-*I suffer from sleeping disorders*, (10)- *I feel physically exhausted most of the time* and, (5)- *I feel backaches and neck aches regularly*.

The overall mean of psychological impacts was (40.92± 15.56, t = -1.688, P= 0.092); reflecting a mild negative impacts, the notable reported psychological symptoms items these are: (2)- *I sometimes suffer from waves of sadness*, (32)- *I feel the inability to manage my time (unable to use my time wisely as usual)* ,(26)- *I lost the ability to enjoy anything in my daily life*, and (12)-*I am afraid of anything terrifying that will happen*.

The overall mean of social impacts was (27.05± 9.7, t =127, p = 0.899); reflecting a mild negative impact, the notable reported social symptoms items these are:(24)- *I feel responsible towards my family members and protecting them from any harm*, (18)- *I feel afraid to go to markets and malls*,(21)- *I am afraid of being present in public places*,(9)- *I feel very irritated when people I don't know get close to me*.

Table 3. The level of negative Psychosocial impact prevalence of participants

| Variables | Mean | S.D | Coef.Var. | t-test | P-Value |
|------------------------------|-------|-------|-----------|---------|---------|
| physical impacts | 25.70 | 10.35 | 40.25 | -10.102 | 0.000 |
| psychological impacts | 40.92 | 15.56 | 38.02 | -1.688 | 0.092 |
| Social impacts | 27.05 | 9.70 | 35.85 | 0.127 | 0.899 |

One-Sample Test: Test Value physical = 30, Test Value psychological = 42, Test Value Social = 27

Differences among participants in the psychosocial impacts according to socio-demographic Variables

Table 4 demonstrates that there was a significant difference in psychosocial (physical, psychological and social) impacts due to social distancing during COVID-19 pandemic as follow:

- The older group has shown the highest psychosocial symptoms than other groups, (P=0.000,).
- The non-Married group (single, divorced, and widows) has shown higher psychosocial effects than the married group, (P=0.001).

- The secondary level group has shown the highest physical effects (P=0.0.23) than other groups, and no significant differences in psychological and social effect according to educational level.
- People with the highest income (more than 11.000Dh) have shown the highest psychosocial effect than other groups, (P=0.000).
- The employee group has shown the highest psychosocial impacts than other groups, (P=0.000)
- While the results showed no significant differences in the psychosocial impacts according to their gender.

Table 4. Psychosocial impacts by demographic factors

| Variables | physical impacts | | t-Test or ANOVA | psychological impacts | | t-Test or ANOVA | Social impacts | | t-Test or ANOVA |
|----------------------------|------------------|-------|-----------------|-----------------------|-------|-----------------|----------------|-------|-----------------|
| | Mean | S.D | | Mean | S.D | | Mean | S.D | |
| Gender | | | 0.346 | | | 0.910 | | | 1.788 |
| Males (n=192) | 25.92 | 10.97 | | 41.76 | 15.55 | | 28.07 | 9.83 | |
| Females (n= 400) | 25.60 | 10.04 | | 40.52 | 15.56 | | 26.56 | 9.61 | |
| Age | | | 7.664** | | | 9.604** | | | 6.516** |
| 18-30 (281) | 24.47 | 9.38 | | 39.71 | 13.89 | | 26.33 | 8.73 | |
| 31-40 (156) | 27.24 | 9.81 | | 40.70 | 14.87 | | 28.10 | 9.14 | |
| 41-50 (122) | 24.76 | 11.44 | | 36.80 | 17.51 | | 25.71 | 11.40 | |
| > 50 (33) | 32.39 | 13.08 | | 48.64 | 18.49 | | 33.21 | 10.88 | |
| Marital status | | | -3.315** | | | -4.515** | | | -2.810* |
| Non-Married | 27.19 | 10.26 | | 43.95 | 14.84 | | 28.24 | 9.73 | |
| Married | 24.39 | 10.26 | | 38.26 | 15.71 | | 26.01 | 9.57 | |
| Education level | | | 3.795* | | | 1.882 | | | 2.548 |
| less than Secondary | 30.13 | 11.36 | | 45.63 | 15.02 | | 29.92 | 10.55 | |
| Secondary | 25.78 | 10.56 | | 40.25 | 17.34 | | 25.33 | 10.70 | |
| University level | 25.36 | 10.19 | | 40.64 | 15.36 | | 27.02 | 9.49 | |
| Income level | | | 15.112** | | | 10.348** | | | 10.162** |
| less than 2000 | 22.50 | 8.13 | | 36.82 | 12.45 | | 24.44 | 7.73 | |
| from 2000 to 4999 | 24.31 | 9.14 | | 39.84 | 14.90 | | 26.75 | 8.27 | |
| from 5000 to 10999 | 28.27 | 10.84 | | 42.59 | 17.05 | | 27.76 | 11.45 | |
| more than 11000 | 28.88 | 11.96 | | 45.77 | 16.93 | | 30.10 | 10.61 | |

| | | | | | | | |
|----------------------------|-------|-------|-----------------|-------|-----------------|-------|-----------------|
| Occupational status | | | 22.132** | | 13.558** | | 11.056** |
| Student | 23.24 | 8.38 | 38.64 | 12.89 | 25.42 | 7.52 | |
| Employee | 29.43 | 10.88 | 45.50 | 17.27 | 29.58 | 11.22 | |
| Unemployed | 24.99 | 11.49 | 38.52 | 16.29 | 26.48 | 10.37 | |

* p < 0.05

** p < 0.01.

The Sociodemographic variables prediction of the psychosocial impacts due to social distancing during COVID-19 pandemic

multiple regression has been used to verify the ability of sociodemographic variables to predict psychosocial impacts,

Table.5 shows that the variables (income, marital status, and educational level) have been able to explain (11.9%) of the variation

in physical effects, and have been able to explain (10.9%) of the variation in psychological impacts, While the variables (income and marital status) only contributed to the explanation (7.4%) of the social effects. while, none of the demographic variables (gender, age group, and occupational status) were able to predict the results of psychosocial effects in the multiple regression analysis. Additionally, the educational level failed to anticipate the social impacts.

Table 5. Multiple linear regression analysis

| Dependent | Variables | B | Std. Error | Beta | T | P-Value |
|------------------------------|---------------------------------|--------|--------------------|--------|----------|---------------|
| physical impacts | Constant | 20.431 | 2.579 | - | 7.921 | 0.000 |
| | Income level | 2.755 | 0.350 | 0.313 | 7.878 | 0.000 |
| | Marital State | 3.615 | 0.821 | 0.174 | 4.401 | 0.000 |
| | Educational level | -1.779 | 0.531 | -0.132 | -3.350 | 0.001 |
| | R= 0.340 R ² = 0.119 | | Std. Error = 9.43 | | F= 26.57 | P-VALUE 0.000 |
| DF=3 | | | | | | |
| psychological impacts | Constant | 28.171 | 3.902 | - | 7.220 | 0.000 |
| | Income level | 3.676 | 0.529 | 0.278 | 6.949 | 0.000 |
| | Marital State | 6.931 | 1.242 | 0.222 | 5.578 | 0.000 |
| | Educational level | -1.669 | 0.803 | -0.082 | -2.077 | 0.038 |
| | R= 0.330 R ² = 0.109 | | Std. Error = 14.72 | | F= 23.90 | P-VALUE 0.000 |
| DF=3 | | | | | | |
| Social impacts | (Constant) | 17.533 | 1.562 | - | 11.222 | 0.000 |
| | Income level | 2.063 | 0.333 | 0.250 | 6.195 | 0.000 |
| | Marital State | 3.130 | 0.784 | 0.161 | 3.994 | 0.000 |
| | R= 0.271 R ² = 0.074 | | Std. Error = 9.35 | | F= 23.39 | P-VALUE 0.000 |
| DF=2 | | | | | | |

Stepwise (Criteria: Probability of "F" to enter ≤ 0.050, Probability of "F" to remove ≥ 0.100)

Discussion

The purpose of this study is to investigate the psychosocial impacts of social distancing during COVID-19 pandemic.

One significant finding from this study is that the prevalence of psychosocial symptoms was higher than the critical degree of the questionnaire. (43.7 - 43.6) reported the emergence of psychological and

social symptoms, respectively, while they showed A third of the participants (29.7) reported physical symptoms, while (25.9) reported all (physical, psychological and social) symptoms. These results are consistent with the results reported in certain published studies (*Brooks, S.K et al,2020, Li Wet al ,2020*) who found the various impacts due to COVID_19 Pandemic on the psychological and social levels that includes emotional distress, irritability, anger, confusion, frustration, high level of stress, anxiety, loneliness, and depression, and as well avoidance reaction among common people. Also the results consistent with the result of (*Wang et al., 2020;Wang Y ,et al ,2020*) who found some specific physical symptoms, like myalgias dizziness and coryza that were significantly associated with more negative psychological. The results are different with the result of (*Zheng & Ma, 2020*) Which showed low rates of impacts on psychological and social levels. This difference may be due to the period in which the study was prepared, as this study is considered one of the forerunners of studies after the spread of the epidemic that investigated the psychosocial effects on all population and not a specific group, as, which may bear changes in the results of studies that have done after that. This leads us to believe that social distancing, despite its importance as a preventive procedure, it carries psychological repercussions that must be careful about.

Results also have shown there are no differences between males and females in the psychosocial effects due to the social distancing as a result of COVID-19 that is consistent with the result of (*Bakkar,2020*) who found that no different in psychological impacts between male and female in Egyptian students. But this result differs from the results reported in the study of (*Shevlin, M et al,2020*) that indicated male

are more affected on the psychological level than female. And differ from the results of (*Song et al ,2020; Conversano et al ,2020*) that shown female have more psychological and social impact due to COVID-19 than male. Probably, these difference in results because of that the psychological impacts are may be attributed to the differential in individuals' cultural and social environmental and psychodynamic.

Another important finding from the current study that the psychosocial effects in the elderly (over 50 years old) were higher than other age groups, COVID-19 had caused considerable fear amongst them, these results consistent with (*Hyland, P et al 2020, Doraiswamy S et al 2020, Sue Holttum,2020; Lloyd-Sherlock PG et al ,2020; Armitage&Nellums,2020*) who found that elderly group is more anxious, agitated and socially withdrawn. Social distancing and not visiting older relatives, with the intention of not inadvertently exposing them to infection, and the lack of outlets for social interaction can precipitate or worsen mood and anxiety issues in the elderly (*Philip&Cherian,2020*).

Most media outlets highlight the increased mortality rates of COVID-19 in older people, and regular exposure to news reports on rising numbers of deaths can trigger episodes of anxiety, low mood, and sleep disturbances. the near-constant stream of information pertaining to the pandemic became one of the sources of anxiety and stress for the elderly (*Depoux et al,2020*)

Results also have shown that the age group (30 to less than 40) has higher psychosocial effects than the age group (40 to less than 50) due to social distancing during the Covid-19 pandemic, no previous studies discussed these ages and maybe need to future studies it in-depth.

he results of the current study have shown that there are no differences among groups according to their educational level in the psychological and social effects. While result has shown a physical impact has shown in the group of individuals with lower education level, these results differ from (Monima et al., 2020) who found that the individuals without formal educational and primary education have a positive correlation with anger and depression. And, differs from (Wang C et al ,2020) who found that person with higher educational level having physical symptoms like myalgias, dizziness, and coryza.

Another significant finding from the current study that the level of psychosocial impacts among the employed group is higher than the unemployed group, this result consistent with the finding of (Gajendran RS et al 2007; Chakraborty K,2020) who explain that working remotely may lead to an increase in vulnerability relationships and lack of professional support which generates feelings of isolation, in addition to fear of financial restraint during the lockdown or even the probability of losing their jobs.

Regarding the income, results have found that the high-income group shown the highest psychosocial symptoms due to social distancing during the COVID-19 pandemic.

Another important finding from the current study regarding marital status, the non-married group has shown higher psychosocial impacts than the married group, this result consistent with (Monima et al., 2020) who found that Single people experienced more anxiety during the COVID- 19 lockdowns compared to those who are living with a partner or had once been in a marital relationship, because of Intimate relationships provide a way for

people to express and manage personal distress, which may help relieve anxiety.

Limitations and direction for future research

The sample of the present study is purpose sample that consist of participant form citizens and resident of UAE population. The finding of this study may not be generalization to other population or societies. This research suggests many topics in need of further investigation, more research is needed to better understand if the people in other Arab countries display similar patterns of psychosocial reaction of COVID-19.

Replication of this study could provide researchers with insights as to how psychosocial, mental health is an affected by individuals' cultural and educational background.

As well, future studies should incorporate more researches with different variables like the impacts of COVID-19 on mental health, wellbeing, quality of life, and also appropriate psychological intervention programs that could be planned to support people in such crises.

Conclusion

This study suggests that age group, social status and employment status are important factors in determining the psychosocial impacts of social distancing. The government and stakeholders must understand and assess the psychosocial morbidities of this pandemic and assess the burden, fatalities and associated consequences. This result can be of importance to health and social services to prioritize the psychological and social needs and do certain interventions in order to raise

the mental health level and wellbeing among population More studies are recommended to further examine other factors and the effective intervention modalities to support the affected population.

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