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## **Impact of Perceived Social Support on Illness Perception and Death Anxiety in Corona Virus Patients**

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### **Abstract**

This study investigates the relationship between social support, illness perception, and death anxiety in COVID-19 patients. A purposive sampling technique was used to select a sample of 160 participants. Data were collected using established scales, including the perceived social support was measured using the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988), illness perception was assessed through the Brief Illness Perception Questionnaire (Broadbent et al., 2006), and death anxiety was evaluated using the Templer Death Anxiety Scale (Templer, 1970). The data were analyzed using correlation, regression analysis, frequency analysis, and *T*-tests with the latest version of SPSS. The findings revealed a significant negative relationship between social support and death anxiety, indicating that lower levels of social support are associated with higher levels of death anxiety. Additionally, a negative relationship was found between social support and illness perception, with inadequate support leading to more negative perceptions of illness. These results highlight the crucial role of social support in managing psychological distress and improving the well-being of COVID-19 patients.

**Keywords:** Social Support, Death Anxiety, Illness Perception, COVID-19, Psychological Distress

### **Introduction**

The purpose of this research is to investigate the effect of perceived social support on illness perception and death anxiety in coronavirus patients. Corona Virus Disease 2019 (COVID-19) was given the name of the World Health Organization (WHO, 2020). The coronavirus was first identified at the end of December 2019 when pneumonia cases of unknown etiology were reported in Wuhan, a city in China's Hubei province. Coronavirus disease-2019 emerged in January 2020 and propagated rapidly around the world in less than two months. On March 11th, the World Health Organization (WHO) proclaimed COVID-19 a pandemic (WHO, 2020). As an international health emergency, the COVID-19 epidemic has under



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attack people's livelihoods and may increase anxiety (Galea et al., 2020). The situation was unbearable and unpredictable (Karataş & Tagay, 2021), adding to citizens' anxiety, worry about contracting the disease, and social exclusion as a result of the lockdown (Velavan & Meyer, 2020).

During the COVID-19 pandemic, social support was critical in boosting people's psychological and emotional well-being. According to the Salutogenic Model, social support is one of the most significant universal resistance resources. It may lead people to perceive their circumstances as foreseeable, controllable, and reasonable, allowing them to perform more flexibly in stressful situations (Antonovsky, 1987). Strong social relationships reduce feelings of loneliness and anxiousness, improving people's ability to cope with the psychological effects of the crisis. Perceived social support refers to people's perceptions of acquiring multidimensional social support from family, friends, and their significant others (Zimet et al., 1988). In a nutshell, perceived social support influences and improves the standard of life in a variety of communities (Hefner et al., 2009).

Illness perception describes how people perceive, determine, and make sense of their condition. Perceptions of COVID-19 illness may influence adaptation to infection, consequences, and fulfillment with the healthcare system (Petrie et al., 2020). In the case of COVID-19 patients, illness perception critically shapes their response, impacting mental health and coping during the pandemic. Perceptions of illness influence health-related behaviors and disease management, which may ultimately impact disease outcomes (Skapinakis et al., 2020). A person who believes their illness is manageable may take preventative steps, while those who see it as severe may feel more anxiety and stress. Perceptions of illness are significant predictors of behavioral and emotional reactions in many disorders (Nicolaou et al., 2021).

Death anxiety is a mental health condition that occurs when people believe they are in danger of dying ([Princy & Kang, 2013](#)). Death anxiety in COVID-19 patients, especially those at higher risk, is heightened by fear of mortality and a sense of losing control. Death anxiety can be experienced consciously or unconsciously, and it can motivate humans to alleviate it through distraction (Greenberg et al., 1994). Death anxiety can take many forms, including feelings of anxiety, panic, and Avoidance of circumstances that remind people of their mortality. It develops when people are confronted with life-threatening situations or are under a high level of stress (Soleimani et al., 2016). Death anxiety has been recognized as a possible cause of increased fear of COVID-19 (Menzies, 2020).

### **The Rationale of the Study**

COVID-19 affected not only physical health but also mental well-being. Many people experienced fear, stress, and anxiety during the pandemic. Social support can help reduce this stress, but little research has explored how it affects illness perception and death anxiety in coronavirus patients. This study aims to understand how support from others can shape patients' thoughts about their illness and reduce fear of death.

### **Research Gap**

While the physical impact of COVID-19 has been widely studied, little research has focused on its psychological effects, particularly in relation to illness perception and death anxiety in patients. This study fills the gap by exploring how perceived



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social support influences these psychological factors in COVID-19 patients. Understanding this relationship could help develop better mental health interventions during pandemics.

### LITERATURE REVIEW

Sadeghian et al. (2022) explored the relationship between mental health, illness perception, and social support among 143 hospitalized COVID-19 patients. Findings showed that 59.4% reported high social support, and 30.1% had high illness perception. Regression analysis revealed that both factors were linked to stress, anxiety, and depression, with social support having a more substantial impact. The study concluded that social support and illness perception significantly affect mental health, with higher social support associated with reduced psychological distress. According to Maharjan (2018), positive social support has a negative impact on handling patients' illness perceptions who have hypertension. Patients who have been diagnosed with a disease have demonstrated satisfactory lifestyle behaviors based on their illness perception and appropriate social support. Managing illness perception with social support reduces depression.

Sayilan et al. (2020) explored the link between social support, illness perception, and quality of life among cancer patients in Turkey. Married patients had more social support. A negative relationship was found between illness perception and quality of life. Lower illness perception was linked to better quality of life and well-being. Al-Zaru et al. (2023) studied the relationship between illness perception, social support, and nursing care satisfaction among 275 Jordanian coronary patients. The study found moderate levels of illness perception and social support. Satisfaction with nursing care was negatively correlated with illness perception and positively correlated with social support. Together, illness perception and social support explained 64% of the variation in satisfaction, with social support being a significant predictor.

Hameed et al. (2022) investigated the link between illness perception, social support, and quality of life in pulmonary tuberculosis patients. Social support from friends, family, and others positively impacted quality of life. Illness perception and social support were strongly related to patients' quality of life, highlighting the importance of social support in improving health outcomes.

Hamidi et al. (2024) studied Tehran's elderly population, examining the relationship between perceived social support and death anxiety during COVID-19. The research showed that social support reduces death anxiety and improves psychological well-being, which further lowers anxiety. Psychological well-being mediated this relationship, emphasizing the role of mental health treatments in managing death anxiety in older adults. Khodarahimi et al. (2021) explored the relationship between mental health, social support, and death anxiety in chronic kidney disease patients. The study found poor mental health linked to higher death anxiety, while social support reduced it. Together, mental health and social support explained 21% of death anxiety, emphasizing their role in alleviating it.

Khawar et al. (2013) studied the relationship between social support, death anxiety, and mental health in 106 patients with chronic illnesses. They found that older, married, and more educated males had higher death anxiety, while younger patients with less education had more social support and less anxiety. The study emphasized the importance of social support and psychological treatments in



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reducing death anxiety and promoting recovery. Huang et al. (2022) examined how social support, presence of meaning, and self-esteem reduce death anxiety during the COVID-19 pandemic. The study with 1,167 participants found that meaning and self-esteem mediated the relationship between social support and death anxiety, suggesting that interventions focusing on these factors can help manage death anxiety, especially when social support is low.

### **METHODS**

In this study, a correlational research design was used to examine the relationship between death anxiety, illness perception, and social support among individuals diagnosed with coronavirus. This design was appropriate as it explored natural relationships between variables without manipulation, providing insight into how variations in social support and illness perception influence death anxiety. The study involved 160 participants with confirmed COVID-19 diagnoses recruited from healthcare settings, community groups, and online platforms. Purposive sampling was employed to select individuals who met pre-established criteria, such as a verified diagnosis and willingness to participate. This method enhanced the relevance and credibility of the findings (Campbell et al., 2020).

### **Instruments**

#### **Multidimensional Scale of Perceived Social Support**

Zimet and colleagues created and published the Multidimensional Scale of Perceived Social Support (MSPSS) in 1988. It uses a 12-item scale to assess social support. It uses a 7-point Likert scale to evaluate the opinions of the participants. It has a high-reliability coefficient (Cronbach's alpha = 0.92), indicating good internal consistency. This scale examines perceptions of adequate social support from three groups: friends, family, and significant others. The Multidimensional Scale of Perceived Social Support is used to determine the mental satisfaction of social support (Zimet et al., 1988).

#### **Templer Death Anxiety Scale**

The Templer Death Anxiety Scale, developed by Templer and published in 1970, contains 15 items. It incorporates a 5-point Likert scale to assess people's attitudes toward death and dying. The scale's Cronbach's alpha is 0.81, indicating high reliability. Higher scores on the scale indicate a higher degree of death anxiety, which is the individual's fear or discomfort with the prospect of death. The Templer Death Anxiety Scale is a valuable instrument for understanding how death anxiety affects one's mental wellness.

#### **Brief Illness Perception Questionnaire**

Broadbent et al. (2006) developed the Brief Illness Perception Questionnaire (B-IPQ), an 8-item scale that assesses people's perceptions of their illnesses. It uses a 10-point Likert scale to rate various components of the illness, such as its perceived severity, period, and personal consequences. The B-IPQ has a Cronbach's alpha reliability of 0.85, indicating strong internal consistency. This scale measures an individual's comprehension and emotional response to their illness, which can influence coping strategies and treatment outcomes.

### **RESULTS**



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**Table 1** Frequency and percentage of participants (N=160)

Demographic variables	<i>f</i>	%
Gender		
Male	55	35
Female	105	65
Institute		
Government	119	74
Private	41	26
Age		
18-29	107	67
30-48	53	33
Socioeconomic status		
Lower	5	3
Middle	153	95
Upper	2	2
Qualification		
Matric/Intermediate	20	12
BA/BSC	46	29
BS	79	49
Masters	9	6
PhD	6	4
Monthly income		
25000	46	29
50000	46	29
80000	35	22
9000+	33	20
Fear		
Yes	94	59
No	66	41

Table 1 shows the demographic distribution of participants. Of the 160 participants, 35% were male (55) and 65% were female (105). Most participants (74%, 119) were from government institutions. The majority (67%, 107) were aged 18-29, and 95% (153) were middle class. Regarding education, 49% (79) held a BS degree, and 29% (46) had a BA/BSc. In terms of income, 29% (46) earned \$25,000, and 29% (46) earned \$50,000. Additionally, 59% (94) reported feeling fearful, while 41% (66) did not. These demographic factors provide essential context for understanding the sample, which reflects a predominantly young, middle-class group with varying educational backgrounds. This diversity helps to offer a broader perspective on the study's findings.

**Table 2** Psychometric properties of study variable (N=160)

Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>a</i>	Range		Skewness
					Potential	Actual	
MPSS	160	64.39	20.79	.90	7-105	12-88	-1.70
B-IPQ	160	48.54	16.89	.80	10-80	15-128	.52
TDA	160	26.25	8.71	.81	5-75	18-56	1.36



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Table 2 describes the psychometric properties of the study variables. The study's measures, MPSS, B-IPQ, and TDA, have high reliability, with alpha coefficients ( $\alpha$ ) ranging from 80 to 90, making them appropriate for analysis. The actual range of scores for each variable is within the potential range, indicating no discrepancies. The skewness values for all variables range from +1 to -1, indicating that the data is usually distributed. The highest mean score among the variables is for MPSS, followed by B-IPQ and TDA.

**Table 3** Pearson correlation among study variables (N=160)

Variable	1	2	3
MPSS	-	-.20*	-.22**
B-IPQ		-	.08
TDA			-

Table 3 shows the Pearson correlation coefficients for the study variables. The results show a significant negative correlation between MPSS and B-IPQ ( $r = -.20^*$ ,  $p < .05$ ), and MPSS additionally displays a significant negative correlation with TDA ( $r = -.22^{**}$ ,  $p < .01$ ). These findings shed light on the relationships between the study variables.

**Table 4** Analysis of linear regression depicting the impacts of perceived social support on illness perception among Corona patients (N=160)

Variables	B	$\beta$	SE
Constant	59.14**		4.28
Social support	-.16	-.20	.06
R <sup>2</sup>		.04	

Table 4 depicts the regression analysis performed with social support as the predictor variable and illness perception as the outcome variable. The R<sup>2</sup> value of 0.04 indicates that social support explains 4% of the variance in illness perception. Social support ( $\beta = -0.20$ ,  $B = -0.16$ ,  $SE = 0.06$ ) has a significant negative impact on illness perception, indicating that higher levels of social support lead to a lower perception of illness.

**Table 5** Linear regression depicting the impacts of perceived social support on death anxiety among corona patients (N=160)

Variables	B	$\beta$	SE
Constant	34.36**		2.19
Social Support	-.09	-.22	.03
R <sup>2</sup>		.05	

Table 5 displays the results of the regression analysis used to investigate the relationship between social support and death anxiety. The analysis shows that social support has a negative and significant effect on death anxiety ( $B = -0.09$ ,  $p < 0.01$ ). Higher levels of social support, as indicated by the beta coefficient ( $\beta = -0.22$ ), are linked to lower death anxiety. The model's R<sup>2</sup> = 0.05 indicates that social support explains 5% of the variance in DA.



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**Table 6** Mean, standard deviation, and t value for male and female corona patients on perceived social support, illness perception, and death anxiety (N=160).

Variable	Male (n=55)		Female (n=105)		t= (198)	P	95%CI	
	M	SD	M	SD			LL	UL
Social support	67.96	16.70	62.52	22.48	1.57	.11	-	12.24 1.36
Illness perception	49.21	19.80	48.19	15.25	.36	.71	-	6.59 4.54
Death anxiety	27.20	7.16	28.80	9.04	-1.10	.27	-	1.26 4.46

Table 6 compares the study variables for male and female participants. Males and females show no statistically significant difference in social support ( $t(198) = 1.57$ ,  $p = .11$ ), illness perception ( $t(198) = 0.36$ ,  $p = .71$ ), or death anxiety ( $t(198) = -1.10$ ,  $p = .27$ ). The confidence intervals for all variables are zero, indicating that gender has no significant influence on these variables.

## DISCUSSION

Social support appeared to play a crucial role in shaping how coronavirus patients perceived their illness and managed their anxiety related to death. Participants who reported higher levels of support from family, friends, and close social circles showed a more balanced understanding of their illness and expressed lower emotional distress. Supportive relationships may have offered emotional stability, a sense of control, and reassurance during a time of uncertainty and fear, which helped individuals cope more effectively. It became evident that the presence of meaningful connections contributed to a stronger psychological response, reducing the intensity of negative thoughts and fear associated with the illness. Although there were slight gender differences where females reported slightly higher perceived support and greater death anxiety than males, these differences were not statistically significant, indicating that the psychological impact of COVID-19 may be similar across genders. Interestingly, the study also showed that illness perception and death anxiety were not significantly correlated, which suggests that while both are affected by external stressors, they may operate through different psychological mechanisms. This insight highlights the potential need for separate and specific interventions for addressing illness-related beliefs and fear of death during pandemic situations.

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