

Work-family conflict and fear of COVID-19 and its relationship with the physical and mental health of Pakistani working women

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Abstract

Work-family conflict is a conflict between societal expectations and the interaction of interrelated work and family domains. It is essential to understand the impact of COVID-19 on working women's physical and mental health in Pakistan to advise better health policy. This research aims to determine work-family conflict's impact on working women's physical and mental health. Through non-probability sampling, 100 working women were sampled online across different cities of Pakistan. The participants were selected from different working fields. Only women above the age of 20 years were eligible for participation in this study. The study found that work-family conflict positively correlates with the fear of COVID-19, blood pressure, depression, and anxiety symptoms. Psychologists, counselors, and general physicians for primary and preventive care in Pakistan need to work towards counselling and supporting the health needs of working women to prevent biopsychosocial problems related to work-family conflict and fear of COVID-19.

Keywords: anxiety, blood pressure, depression, fear of covid-19, work-family conflict.

INTRODUCTION

Men and women are the pillars of society, and without their equal participation in every field of life, there can be no significant progress. Initially, Pakistani women played the role of being traditional homemakers in society. However, this has changed with time, with more and more women beginning to play prominent roles outside the home. In the 21st century, the contribution of working women to the economy of Pakistan has increased manifold. It is thus that work-family conflict has become a prominent matter of research in contemporary times. More women working outside the home has had an impact on work-family issues related to employment equity, family well-being, and mental health.

In previous research on mental health, work-family conflict has shown association with different variables, such as: (i) life satisfaction (Kossek & Ozeki, 1998), (ii) turnover intention (Greenhaus, Collins, Singh, & Praturaman, 1997), (iii) depressive symptoms. (Zhang et al., 2017), and (iv) well-being. (Stoeva et al., 2002). Overall, various physical and psychological health problems are found to be associated with a high level of work-family conflict. Scholarship indicates a negative relationship between mental health and work-family conflict.

Favorable mental health can be defined as individuals realizing their abilities in a state of well-being, , and coping with work and regular life pressure in a joyous state, and contributing to society productively (World Health Organization, 2004). There are two approaches to exploring mental health: the hedonic and the eudaimonia. Whereas, hedonic well-being refers to pleasure and satisfaction, eudaimonic well-being refers to the subjective experiences associated with e living a life of virtue in pursuit of human excellence. The theory of positive mental health, which encompasses social well-being, psychological, and emotional, proposed by

(Keyes 2002), considers both approaches. The importance of mental health and future mental health is closely related to poor mental health (Keyes et al., 2010). Additionally, convenient workplace outcomes include less unprofessional behaviours (Dyrbye et al., 2012).

Psychological research focuses on work-family conflict experienced by full-time working women. Researchers have tried to find external factors to eliminate adverse outcomes for women's mental health. Many researchers discuss factors that influence the balance of women's work-life. Few studies, however, explained how work-family conflict impacts mechanisms on mental health. Over the last three decades, a considerable amount of literature has examined the relationship between strain over and work-family conflict. (Allen et al., 2000). Physiological, psychological, and behavioural reactions to the environment can result from demands, challenges (i.e., stressors) and. Health issues, well-being, and depression respond to these outcomes (Greenhaus et al., 2006). Between managing both family and work, the individual can lose their identity, leading to depression, restlessness, and even exhaustion. As a result, when the demands are too high, the individuals experience deteriorated mental health and well-being. Increased life distress, diminished emotional well-being, decreased physical health, and further negative consequences from work-family conflict are consistently supported by extant research (Parasuraman et al., 1996).

Two meta-analyses have documented minor to medium effects between health or well-being and work-family conflict (Allen et al., 2000; Mesmer-Magnus & Viswesvaran, 2005). While observing the direct relationship between mental health and work-family conflict, scholars have speculated that key variables negatively affect and perceived stress, which mediates the mental health affected by work-family conflict. Stress is defined as the negative changes in the individual's body

caused by the perception of chronic and acute physical or psychological pressure (Lyon, 2000). After analyzing the work-family conflict at Time One and Time Two and At Time Two and Time Three, the employee has decreased psychological well-being and work-family conflict development over time with the help of conservation of resources (COR) (Neto et al., 2016). According to the COR model, reactions to these environments, the lack of expected gain resources or threat, or actual loss in resources is stress. Concerning work-related stressors and psychosocial risk in many past studies, mixed findings showed and investigated: either decreased BP, elevated BP, or no effect on BP (Nyberg et al., 2013). During COVID-19, the study was carried out to find psychological distress and death anxiety's comorbidity and prevalence in the population of Pakistan. The cross-sectional study shows that psychological distress at moderate level women reported low death anxiety (Shakil et al., 2021; Shakil et al., 2022).

Aim of study

The aim of the study is to determine the relationship between work-family conflict and fear of COVID-19, as a predictor of blood pressure, depression, and anxiety in working women of Pakistan. In the era of COVID-19, this study assumes significance, as working women may be at significant risk of suffering from both fear of COVID-19 and physical and mental health issues.

METHODOLOGY

Ethical considerations

The departmental research ethics committee of Lahore College of Women University gave approval for this study. Authors took informed consent from all participants and secured confidentiality and anonymity of respondents. The participants were made

aware of their rights to withdraw at any point. No incentives were offered for participation in the study.

Research Design

A cross-sectional research design has been used. The participants in this type of study were selected based on variables of interest.

Hypotheses

The following hypotheses were designed for this study:

H1. Fear of COVID-19, work-family conflict and mental and physical problems positively correlate among working women.

H2. Work-family conflict would mediate between fear of COVID-19 and physical and psychological problems.

H3. Fear of COVID-19 would predict physical problems (blood pressure) and psychological problems (depression and anxiety) among working Pakistani women.

Sample

Non-probability purposive sampling technique was carried out to include working women of Pakistan. The participants were selected from different working fields. Only women above 18 years were eligible for participation in this study and women from all ethnicities or religious backgrounds were eligible to participate. The main criterion of this research was that the participant should be a working woman in Pakistan. The study's exclusion criteria were women diagnosed with the physical disorder and unemployed women.

Instrument Measures

Demographic Questionnaire

A self-made demographic data section was included to collect data about the socio-demographic characteristics of the participants. Variables such as gender, age, marital

status, education, profession, place of work, and region were included. In addition, data related to experience with hypertension, medication for controlling hypertension, and factors that trigger hypertension was collected.

Work-Family Conflict Strain Scale (WFCSS)

The Work-Family Conflict Strain Scale (WFCSS) has 32 items with five subscales: (i) Family inference in work (FIW); (ii) Work interference in work (WIF); (iii) Psychological Strain due to Stress (PSS); (iv) Psychological Strain due to Societal perception (PSSP); and (v) Psychological Strain due to work PSW (Ahmad et al., 2020) used. The current study summarized work-family conflict as "*the occurrence of conflict from the interactional of interrelated work and family domain and simultaneous expectations from working women in the eastern cultural context*". The current study measured WFC through the scores of WFCSS, which comprised of 32 items and utilized a seven-point rating scale ranging from 0 (Strongly disagreed) to 7 (strongly agreed).

Furthermore, WFCSS is comprised of five subscales having alpha coefficients of the following values: (i) Family inference in work (FIW) ($\alpha=0.90$); (ii) Work interference in work (WIF) ($\alpha=0.83$); (iii) Psychological Strain due to Stress (PSS) ($\alpha=0.87$); (iv) Psychological Strain due to Societal perception (PSSP) ($\alpha=0.85$); and (v) Psychological Strain due to work (PSW) ($\alpha=0.82$). Convergent and discriminant validity of WFCSS was 0.71 and 0.64, respectively. Moreover, the split-half reliability of WFCSS with two weeks interval was 0.89. The cut-off scores were determined by using median scores. This indicated that a higher score from the median represented high WFC, whereas a low score from the median represented low WFC (**Appendix A**).

The Fear of Covid-19 Scale

For fear of COVID-19, we used the Fear of COVID-19 Scale, which has seven items (Ahorsu et al., 2020). The participant indicates their agreement with the statement using a five-item Likert-type scale: "Strongly disagree," "disagree," "neutral," "agree," and "strongly agree". The minimum score possible is 1 for each question, and five is the maximum. A total score is calculated by adding each item score (ranging from 7 to 35). The instrument presented high reliability for the study sample ($\alpha = 0.904$) (**Appendix B**).

Depression Anxiety Stress Scale-21

For depression and anxiety, we used the Depression Anxiety Stress Scale (DASS-21), which has 21 items with three subscales (Stress, Anxiety, and Depression) (Lovibond & Lovibond, 1995). The DASS-21 has three self-report scales, which assess the negative emotional states of depression, anxiety, and stress. Each of these three scales of the DASS-21 contains seven items, divided into subscales with the same content. The Depression scale measures dysphoria, hopelessness, devaluation of life, self-deprecation, absence of interest/involvement, anhedonia, and inactivity. The Anxiety scale measures autonomic arousal, body muscle effects, situational anxiety, and subjective experience of restless effect. The Stress scale corresponds to levels of chronic non-specific arousal. It assesses trouble in relaxing, nervous arousal, and being easily disturbed/agitated, irritable/over-reactive, and impatient. Subjects are given a 4-point severity/recurrence scale to rate how they have experienced each state over the previous week. Scores for Depression, Anxiety, and Stress are calculated by adding the scores for the related items. The instrument showed good reliability for the study sample ($\alpha_{\text{Total}} = 0.954$; $\alpha_{\text{Stress}} = 0.907$; $\alpha_{\text{Anxiety}} = 0.861$; and $\alpha_{\text{depression}} = 0.875$) (**Appendix C**).

Chart by American Stroke Association for Blood Pressure

For Blood Pressure, we used the chart designed by the American Heart Association (Hodis et al., 2020). This chart has five stages (Normal, Elevated, Hypertension stage1, Hypertension stage 2, and Hypertensive crisis) and identifies the five blood pressure ranges as according to the following criteria:

Normal: Normal ranges are considered less than 120/80 mm Hg blood pressure. If results fall into this category, people are recommended to stick with following heart-healthy habits like a balanced diet and getting regular exercise.

Elevated: Readings consistently range from 120-129 systolic, and less than 80 mm Hg diastolic is elevated blood pressure. Without steps to control the condition, people with elevated blood pressure will likely develop high blood.

Hypertension Stage 1: when blood pressure consistently ranges from 130-139 systolic or 80-89 mm Hg diastolic, doctors may suggest lifestyle changes. They may consider adding blood pressure medication based on the risk of atherosclerotic cardiovascular disease (ASCVD), for example, stroke or heart attack.

Hypertension Stage 2: When blood pressure consistently ranges from 140mm Hg to 90 mm Hg or higher. Doctors are likely to prescribe blood pressure medication combined with lifestyle changes.

Hypertensive crisis: At this phase, the subject needs medical care. If the blood pressure readings abruptly exceed 180/120 mm Hg, stand for five minutes, and test the pulse again. If the readings are still unusually high, contact a doctor right away. In case the blood pressure is higher than 180/120 mm Hg, it may be a sign which indicates possible damage to an organ. Symptoms that may also exist, include pain in the chest, difficulty in breathing, back pain, numbness/weakness, change in vision, or difficulty speaking (**Appendix D**).

Data Collection

Data was collected from a100 working women. Working women were approached using online sampling through workgroups on Facebook to ensure social distancing during the pandemic. The data was collected from January 2021 to June 2021. The data reflected women belonging to different provinces of Pakistan. Participant age ranged from 22 to 50 years, with a Mean Age of 32.50 and SD of 2.71.

Data Analysis

Statistical Package for Social Science (SPSS) version 21.0 was used to analyze the data. Independent sample t-test was used to measure demographical differences. Correlational analysis was used to identify the relationship between variables. Linear regression was used to find predictors, and multiple regression was used to identify mediators.

RESULTS

Demographic Results

As shown in Table 1, all participants are between 22 to 50 years. The majority of the participants in this study are married (47.0%) and are working in the education sector (44.4 %). Majority of the participants have issues related to high blood pressure (57.3%),, not remaining compliant with taking medicine (58.1%), experiencing stress (65.8%), and have fear of COVID-19 (59.0%).

Table 1
Demographic characteristics of participants (N=100)

Variables	F	%
Age (Mean=32.50, SD=2.71)		
Marital Status		
Married	55	47.0
Currently Single	37	31.6
Widowed	06	05.1
Divorced	02	01.7
Employment Sector		
Education	52	44.4
Healthcare	18	15.4
Administration	20	17.1
Bank	7	06.0
Others	3	02.6
Provinces		
Punjab	52	54.2

Sindh	18	15.4
KPK	20	17.1
Balochistan	07	6.0
Gilgit-Baltistan	03	2.6
Blood Pressure Levels		
Normal	50	42.7
Elevated	13	25.7
Hypertension Stage 1	18	15.4
Hypertension Stage 2	15	12.8
Hypertensive crisis	04	03.4
Medicine Compliance		
Yes	32	27.4
No	49	41.9
Sometimes	19	16.2
Experience stress since COVID-19?		
Yes	77	65.8
No	09	07.7
Sometimes	14	12.0
Do you fear COVID-19?		
Yes	69	59.0
No	09	07.7
Sometimes	22	18.8

Inter correlation among variables

Table 2 revealed that the relation of DASS-21 has a positive correlation with fear of COVID-19, high blood pressure, high psychological strain due to spouse, high psychological strain due to societal perception, and high psychological strain in work scores ($r=.376^{**}, .352^{**}, .134, .057, .119$); with inverse scores for work interference in family, ($r= -.035$). Fear of COVID-19 has a positive correlation with high blood pressure, family interference in work, work interference in family, high psychological strain due to spouses, psychological strain due to societal perception, and psychological strain in work as ($r= .204^*, .047, .158, .061, .175, .136$). Blood pressure has an inverse correlation with family interference in work and work interference in family and psychological strain in work as ($r=-.188, -.049, -.030$) while positive relationships with others. Work-family conflict strain and stress have a positive relationship with family interference in work ($r= .183$) while significant positive relation with DASS-2, fear of COVID-19, blood pressure, work interference in family, psychological strain due to the spouse, psychological strain due to societal perception and psychological strain due to work ($r=.202^*, .198^*, .438^{**}, .526^{**}, .514^{**}, .552^{**}, .619^{**}$).

Table 2

Table showing the correlation between Dass-21, fear of COVID-19, blood pressure and work-family conflict strain scale

	Dass-21	Fear of COVID-19	Blood pressure	FEW	WIF	PSS	PSS	PSW	Total of WFCSS
Dass-21	-	.376**	.352**	.122	-.059	.134	.057	.119	.202*
Fear of COVID-19		-	.204*	.047	.158	.061	.175	.136	.198*
Blood Pressure			-	-.188	-.049	.216*	.222*	-.030	.438**
FEW				-	-.165	.112	-.035	-.026	.183
WIF					-	.264**	.286**	.418**	.526**
PSS						-	.197*	.046	.514**
PSSP							-	.368*	.552**
PSW								-	.691**
Total of WFCSS									1

*Note: **correlations are significant at the 0.01 level (2-tailed), and * Correlation is significant at the 0.05 level (2-tailed)*
FIW= Family Interference in Work, WIF= Work Interference in Family, PSS= Psychological Strain due to Spouse, PSSP= Psychological Strain due to Societal Perception, PSW = Psychological Strain due to Work, WFCSS= Work-Family Conflict Strain Scale

Linear Regression Results

We hypothesized that fear of COVID-19 will positively predict blood pressure. To check the hypothesis, linear regression was used with blood pressure as the dependent variable, and fear of COVID-19 as the independent variable. Results in table 3 show that fear of COVID-19 competence explains the difference ($F=4.257$, $p=.04$) supporting the model. In this way, fear of COVID-19 was found to positively predict physical problems (blood pressure) among working women.

Table 3

Linear Regression on Fear of COVID-19 as Predictor of Blood Pressure

Variable	Blood Pressure		
	B	SEB	β
Fear of covid-19	.016	.008	.204
R^2			.042
F			4.257

*Note: * $p < 0.05$, ** $p < 0.01$*

In Table 4, we show the results for the hypothesis that fear of COVID-19 will positively predict depression and anxiety. To check the hypothesis linear regression was used with Depression and anxiety were taken as dependent variables, and fear of COVID-19 competence taken as an independent variable. We found that fear of COVID-19 could positively predict physical and psychological problems (depression and anxiety) among working women. ($F=16.117$, $p=.00$)

Table 4
Linear Regression on Fear of COVID-19 as Predictor of Blood Pressure

Variable	Depression and anxiety Symptoms		
	B	SEB	β
Fear of Covid-19	.68	.17	.37
R^2			.141
F			16.11

Note, * $p<0.05$, ** $p<0.01$

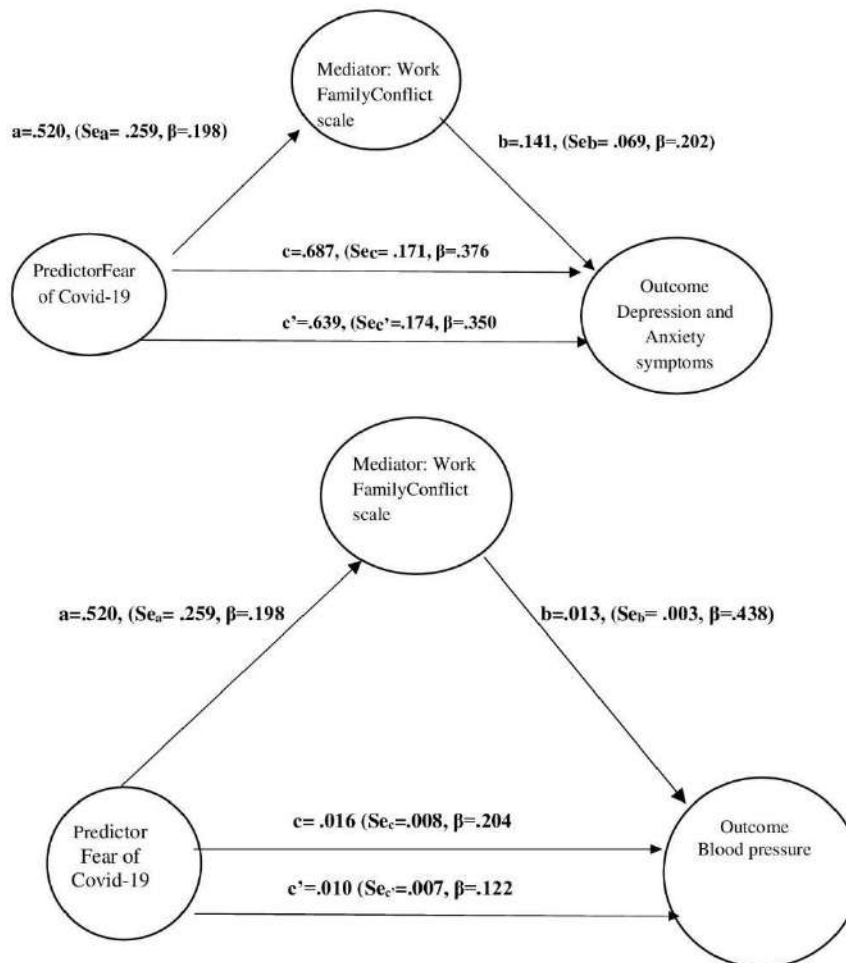
Multiple Regression Results

We used multiple regression in three steps. In the first step, the outcome variable is regressed on the predictor 'Fear of COVID-19' to establish an effect to mediate work-family conflict (path c). The depression and anxiety outcome score were $c=.687$, ($Sec=.171$, $p=0.00$) with the blood pressure score being $c=.016$ ($Sec=.008$, $p=.042$) (**Figure 5a**). Next, the work-family conflict is regressed on the predictor variable fear of COVID-19 to establish (path a) $a=.520$, ($Sea=.259$, $p=.048$) (**Figure 5b**). In the last step, the depression and anxiety symptoms are regressed on both the predictor and mediator (path b and c), with the score being $b=.141$, ($Seb=.069$, $p=.04$) $c'=.639$, ($Sec'=.174$, $p=.00$). The blood pressure outcome score was $b=.013$, ($Seb=.003$, $p=.00$)

$c'=.010$ ($Sec'=.007$, $p=.04$). Work-family conflict partially mediates between fear of COVID-19 and psychological problems. It also partially mediates between fear of COVID-19 and physical problem as $c' < c$.

Figure 5a and 5b

Multiple Regression on Work Family Conflict Strain as mediator between Fear of Covid-19 and Physical and Psychological problem among working women



DISCUSSION

This study aimed to measure work-family conflict and fear of COVID-19 and its relationship with Pakistani working women's physical and mental health. We collected online data from working women and analyzed data on SPSS through the correlation bivariate method and regression. To develop the hypotheses for the study, an extensive review of literature was undertaken. The study found that fear of COVID-19, work-family conflict, and mental and physical problems positively co-relate in working women. The findings are consistent with the literature, which revealed that work-family conflict positively correlates with depression, anxiety symptoms, fear of COVID-19, and blood pressure (Allen et al., 2000; Mesmur-Magnus & Viswesvaran, 2005).

Pearson correlation results showed a positive correlation between fear of COVID-19, work-family conflict, high blood pressure, depression, and anxiety symptoms among working women. Literature supports that, according to a study conducted by Majeed et al. (2021), there is a significant positive relationship between anxiety and fear of COVID-19. The results are similar to the finding of the research done by By Ilyas and Arshad (2017) that work-family conflict has a significant positive relationship with psychological problems among university teachers. The results are similar also to a study done by Kohler et al. (2021) that hypertension elevated participants' fear of COVID-19 and subjective risk perception. The findings of hypothesis 1, work-family conflict relation with other variables, are consistent with the literature. Therefore, we the first hypothesis of this study is proven correct- that fear of COVID-19, work-family conflict and mental and physical problems positively correlate among working women.

Work-Family conflict mediated between fear of COVID-19 and physical and psychological problems. The findings are consistent with literature that revealed the mediating role of work-family conflict between the fear of COVID-19, physical problems (blood pressure), and psychological problems (depression and anxiety). The results are consistent with the study conducted by Akram (2020) that work-family conflict was significantly related to psychological well-being. Another study conducted by Frone et al. (1997) also showed that work-family conflict longitudinally relates to increased levels of depression, the incidence of blood pressure, and poor physical health. The result of a study by Ghislieri et al. (2021) also showed that the COVID-19 pandemic positively contributed to issues related to work-family conflict. According to Berkman and colleagues (2015), family to work conflict and work to the family conflict may cause employees to have sleep problems and cardiometabolic problems. Since existing literature supports this notion; therefore, we cannot reject the second hypothesis of this study: that work-family conflict mediates fear of COVID-19 and physical and psychological problems.

Fear of COVID-19 predicted physical problems (High Blood Pressure) and psychological problems (Depression and Anxiety). The findings are consistent with literature that revealed that fear of COVID-19 predicts physical problems (high blood pressure) and psychological problems (depression and anxiety). Al-Rahimi et al. (2021) showed that fear of COVID-19 is a significant predictor of hypertension, depression, and anxiety. Rodríguez-Hidalgo et al. (2020) also showed that women face higher levels of fear of covid-19 than men, and fear of COVID-19 predicts both directly and positively depression. According to Salari and colleagues (2020) research results alongside physical problems, COVID-19 also causes several psychological disorders. Another study

conducted by Shahid et al. (2020) also showed that fear of COVID-19 led to increased psychological problems like depression, anxiety, and sleep disturbance among women in Pakistan. The result of research by Arshad et al. (2020) also showed that due to COVID-19 symptoms of DAS are present in Pakistan health care workers. Another local study confirms that mothers delivering during COVID-19 also experience considerable fear due to COVID-19 (Jafree S.R. et al., 2021). Therefore, we can accept the third hypothesis of the study: that fear of COVID-19 predicts physical problems (blood pressure) and psychological problems (depression and anxiety) among working Pakistani women.

CONCLUSION

In conclusion, this research study proves that there is a significant relationship between work-family conflict and fear of COVID-19 on blood pressure, depression, and anxiety. In addition, work-family conflict has a mediating role between fear of COVID-19 and psychological and physical problems. There has been very little research in this area, and this study contributes to the gap and literature and also helps to create awareness about the important role of psychologists, counselors, and primary healthcare physicians on being deployed at the workplace and in community to support working women of Pakistan for their health needs. Specific and immediate attention must be diverted to working women who face depression, anxiety or hypertension symptoms. As a progressive preventive intervention counseling and screening for all working women must be provided for psychological and physiological needs to prevent future problems to ensure Pakistan has a healthy women workforce.

Conflict of interest statement

The authors declare no conflict of interest

Funding

This study has not received funding

Ethics and Permission

The present study was approved by the Department Research Ethics Committee at Lahore College for Women University, Lahore

Author Contributions Statement

HA conceptualized and conducted the study under the supervision of AM. Both authors drafted and approved the final version of the manuscript.

Data sharing and availability statement

Data is available from the corresponding author based on request.

Acknowledgement

The authors acknowledge the working women of Pakistan who participated in this study.

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Appendix A: Work-Family Conflict Strain Scale for Pakistani Women

مرج ریل ضوابط کو بڑھیں اور نرخہ ٹینٹی کے سے نسیت خواہ لیں

1. کسول طور پر غیر تلقی
کبھی زنا تک غیر تلقی 3. کسلی زنا تک غیر
تلقى 4. نہ تلقی نہ غیر تلقی
5. کسلی زنا تک تلقی 6.
کبھی زنا تک تلقی 7. کسول طور پر
تلقى

7	6	5	4	3	2	1	
Family Interference in Work (WIF)							
1							گھر میں سے گھر کے ممبروں کی طرف سے ملازمت کے لیے آؤٹ میں ہونے والی صورتوں پر رکھی ہیں
2							گھر میں سے ملازمت کے لیے آؤٹ میں ہونے والی صورتوں پر رکھی ہیں
3							گھر میں سے ملازمت کے لیے آؤٹ میں ہونے والی صورتوں پر رکھی ہیں
4							گھر میں سے ملازمت کے لیے آؤٹ میں ہونے والی صورتوں پر رکھی ہیں
5							گھر میں سے ملازمت کے لیے آؤٹ میں ہونے والی صورتوں پر رکھی ہیں
6							گھر میں سے ملازمت کے لیے آؤٹ میں ہونے والی صورتوں پر رکھی ہیں
7							گھر میں سے ملازمت کے لیے آؤٹ میں ہونے والی صورتوں پر رکھی ہیں
Work Interference in Family (WIF)							
8							ملازمت کے لیے آؤٹ میں ہونے والی صورتوں پر رکھی ہیں
9							ملازمت کے لیے آؤٹ میں ہونے والی صورتوں پر رکھی ہیں
10							ملازمت کے لیے آؤٹ میں ہونے والی صورتوں پر رکھی ہیں
11							ملازمت کے لیے آؤٹ میں ہونے والی صورتوں پر رکھی ہیں
12							ملازمت کے لیے آؤٹ میں ہونے والی صورتوں پر رکھی ہیں
13							ملازمت کے لیے آؤٹ میں ہونے والی صورتوں پر رکھی ہیں
14							ملازمت کے لیے آؤٹ میں ہونے والی صورتوں پر رکھی ہیں
Psychological Strain due to Spouse (PSSP)							
15							ملازمت کے لیے آؤٹ میں ہونے والی صورتوں پر رکھی ہیں
16							ملازمت کے لیے آؤٹ میں ہونے والی صورتوں پر رکھی ہیں
17							ملازمت کے لیے آؤٹ میں ہونے والی صورتوں پر رکھی ہیں
18							ملازمت کے لیے آؤٹ میں ہونے والی صورتوں پر رکھی ہیں
19							ملازمت کے لیے آؤٹ میں ہونے والی صورتوں پر رکھی ہیں
20							ملازمت کے لیے آؤٹ میں ہونے والی صورتوں پر رکھی ہیں
Psychological Strain Due to Societal Perception							
21							ملازمت کے لیے آؤٹ میں ہونے والی صورتوں پر رکھی ہیں
22							ملازمت کے لیے آؤٹ میں ہونے والی صورتوں پر رکھی ہیں
23							ملازمت کے لیے آؤٹ میں ہونے والی صورتوں پر رکھی ہیں

[illegible]

Appendix B: Fear of COVID-19 Scale

نکول طور پر لفق	لفق	لفق اور غیر لفق	لفق اور	لفق اور نکول طور پر لفق	ہیں COVID-19 سے خوف کے لئے ضوال
					1 ہیں کوئی خوف ہے صحت سے زیادہ خوف ہے
					2 کوئی خوف کے لئے ہے صحت سے زیادہ خوف ہے چھٹی کرنے کے لئے
					3 صحت سے زیادہ خوف کے لئے ہے صحت سے زیادہ خوف ہے نکول طور پر
					4 کوئی خوف ہے صحت سے زیادہ خوف ہے نکول طور پر
					5 صحت سے زیادہ خوف کے لئے ہے صحت سے زیادہ خوف ہے نکول طور پر
					6 صحت سے زیادہ خوف کے لئے ہے صحت سے زیادہ خوف ہے نکول طور پر
					7 صحت سے زیادہ خوف کے لئے ہے صحت سے زیادہ خوف ہے نکول طور پر

Appendix C: Depression Anxiety Stress Scale -21 (DASS-21)

[illegible]

Appendix D: Chart by American Stroke Association for Blood Pressure

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120