

How to Cite:

Alqahtani, Y. S., Shaikh, I. A., Abu-Alrub, S. S., Hamadneh, B. M., & Almogbel, W. N. (2022). Psychological well-being in relation to social-distancing during COVID-19 pandemic: A cross-sectional study in Najran, Saudi Arabia. *International Journal of Health Sciences*, 6(S8), 4288–4302. <https://doi.org/10.53730/ijhs.v6nS8.13155>

Psychological well-being in relation to social-distancing during COVID-19 pandemic: A cross-sectional study in Najran, Saudi Arabia

Yahya S. Alqahtani

Department of Pharmaceutical Chemistry, College of Pharmacy, Najran University, Najran 66462, Saudi Arabia

Ibrahim Ahmed Shaikh

Department of Pharmacology, College of Pharmacy, Najran University, Najran 66462, Saudi Arabia

Samer S. Abu-Alrub

Department of Pharmaceutical Chemistry, College of Pharmacy, Najran University, Najran 66462, Saudi Arabia

Burhan M. Hamadneh*

Faculty of Education, Najran University, Kingdom of Saudi Arabia

*Correspondent author

Wael N. Almogbel

Faculty of Education, Najran University, Kingdom of Saudi Arabia

Abstract---The Kingdom of Saudi Arabia was one of the first countries in the Middle East to take strict measures to prevent the spread of the COVID-19. The present study aimed to identify the degree of application of social distancing and its relationship to psychological well-being among members of Saudi society in relation to the Coronavirus (COVID-19) pandemic. The study sample consisted of 564 individuals chosen by a convenience sampling method from Najran, the Southern region of Saudi Arabia, from April 1 to April 30, 2021. The data collection process employed two tools include social distancing scale and psychological well-being scale. Relation and correlation between variables were investigated using the Fisher exact test; the P-value was significant at <0.05. Data analysis was done with SPSS version 23. The results showed that the degree of application of social distancing during the COVID-19 pandemic was of a medium to strong degree. In addition, significant differences were observed in the degree of the application of total social distancing attributable to the age variables in favor of the

age group (> 40 years) and the scientific qualification in favor of the university qualification holders. However, there were no statistically significant differences on the gender variable. The level of psychological well-being of the study sample was of a moderate degree, and there were statistically significant differences attributable to the scientific qualification variable in favor of university degree holders. However, no statistically significant differences due to the variables of sex and age were reported. There was a positive correlation between the degree of application of social distancing and the level of psychological well-being.

Keywords---social distancing, psychological well-being, COVID-19, Saudi Arabia.

Introduction

Many epidemics caused by various diseases, such as black plague, cholera, yellow fever, smallpox, SARS, Middle East respiratory syndrome, Spanish flu, Ebola, and others, have afflicted humans throughout history. These epidemic illnesses share characteristics such as the ease with which they might become pandemics and their high death rates. Furthermore, many diseases are caused by zoonotic infections, which may be passed from animals to people (Koçer, 2020). The world has previously been plagued with several pandemics, such as severe acute respiratory syndrome (SARS-CoV) in 2002, H1N1 flu in 2009, and Middle East respiratory syndrome (MERS-CoV) in 2012. On December 31, 2019, specifically in Hubei Province in the Chinese city of Wuhan, cases of acute respiratory infections were reported through the Chinese Center for Disease Control and Prevention, and the cause of the outbreak was found to be due to a new virus that belongs to Coronavirus strain (Ebrahim & Memish, 2020). In light of the emergence of this new virus and its spread in various provinces of China, the World Health Organization (WHO) announced, on February 11, named the new virus as “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and named the disease caused by (SARS-CoV-2) as coronavirus disease (COVID-19). With the increasing number of infections in China and most countries of the world, on March 11, 2020, the WHO classified COVID-19 as a global pandemic (Chen et al., 2020).

As a result, governments worldwide declared the maximum state of emergency to limit the spread of the new Coronavirus. The Kingdom of Saudi Arabia was one of the first countries in the Middle East to take strict measures to prevent the spread of the novel virus. The most prominent of such measures was imposing a comprehensive ban on the areas seriously affected by the virus and a partial ban on the areas with fewer infections in order to protect the people. Other measures included the imposition of preventive and precautionary measures represented in the cancellation of mass gatherings, as well as raising awareness of the importance of applying social distancing inside and outside homes, in the markets and in workplaces (Barry et al., 2020).

Recent research indicated that virus epidemics have a significant and wide-ranging psychological and emotional impact on individuals from various backgrounds (Wang et al., 2020; Summaka et al., 2021). During the COVID-19 epidemic, the

prevalence of anxiety and sadness has risen (Choi et al., 2020). Quarantine procedures were linked to higher stress levels, sadness, perplexity, loneliness, and anxiety (Brooks et al., 2020; Leigh-Hunt et al., 2017). Self-isolation and staying at home may result in decreased social interaction, unintended changes in a daily pattern, and sleep problems, as well as signs of mental discomfort (Brooks et al., 2020). The psychological anguish caused by the epidemic has been widely reported (Holmes et al., 2020; Taylor, 2019). Adherence with rigorous COVID appropriate behavior like social distancing measures may elevate psychological discomfort (Bao et al., 2020; Dong & Bouey, 2020), as previously observed in SARS pandemic investigations that indicated adherence with procedures associated with quarantine exacerbated mental anguish (DiGiovanni et al., 2004). In order to balance pandemic containment and other harm control, policymakers and healthcare professionals have been worried about mental health responses to public health interventions.

During the COVID-19 pandemic, applying social distancing and imposing safe physical distances can prevent intermingling between members of society. However, people can stay in social contact through technology to slow the spread of this infectious virus and reduce the burden on health care systems. However, applying these distancing measures may cause psychological problems to some individuals, such as feeling lonely, low productivity, anxiety, and fear, which may affect their level of psychological well-being (Polizzi et al., 2020).

Psychological well-being is defined as the level of psychological well-being or a mind free from disturbances in the individual. It also refers to the psychological state of a person who has a good emotional and behavioral level. From the point of view of positive psychologists, generally, psychological and psychological well-being of the individual appears through the ability to enjoy life and create a balance between life activities and its requirements, leading to psychological resilience; hence, psychological well-being is vital for individuals who are capable of investing all their potential and energies to the maximum possible. They can also deal with various life requirements and problems and adapt to them (Wang et al., 2020; Summaka et al., 2021). Psychological well-being is a term that refers to the extent of the psychological compatibility of the individual with himself and his surrounding world, and his ability to face problems and address them, achieving maximum happiness, optimism, and satisfaction with life, and following social behavior in facing and accepting life (Bao et al., 2020; Dong & Bouey, 2020; Corr, 2009).

Therefore, preserving psychological health today through practicing social distancing and other precautionary measures will help in managing the Coronavirus Covid-19 crisis, as psychological well-being is an essential factor helping the individual and society in facing this pandemic through the ability of the individual to control, manage and adapt to the crisis (Elmer et al., 2020). Psychological well-being has a set of behavioral manifestations and characteristics, which can be summarized as follows:

1. Feeling comfortable with oneself: It includes feeling safe, comfortable and satisfied with oneself, enjoying work and accepting of the individual's energies and abilities, and being patient and calm in the face of personal problems and crises

2. Feeling comfortable with others: It includes the individual's ability to feel comfortable when being with family and friends, having a solid bond with them based on love and affection, and the ease of talking with others and sharing their concerns and various problems.
3. The ability to meet the demands of life: It includes the individual's confidence in his ability to achieve his goals, overcome crises, meet the demands of life in light of crises and problems, and benefit from the experiences of others.
4. Psychological Safety: This includes life satisfaction and the ability to adapt to the surrounding environment, as well as the individual's ability to identify his strengths and weaknesses to develop his skills and experiences in various circumstances (Wang et al., 2007).

Hence, the importance of studying the current epidemiological situation of the COVID-19 and the application of social distancing and its relationship to the level of psychological well-being of individuals is paramount.

The rationale of the Study

The Kingdom of Saudi Arabia is one of the first countries that rushed to take precautionary measures to limit the spread of COVID-19. These measures included ensuring the application of social distancing in the workplace, homes, and public places. They also ensured adhering to home quarantine except at specific times and hours of the day, limiting work of some establishments and institutions, as well as preventing gatherings at social events. Thanks to these measures which reduced the spread of the virus within the Kingdom. Although the crisis may affect the level of psychological well-being of a considerable number of people, their psychological state may improve with time. As one year has already elapsed since the beginning of the COVID-19 pandemic, this study seeks to investigate the degree of application of social distancing and its relationship to psychological well-being among Saudi society members during COVID-19 pandemic.

Study Objectives

More specifically, this study aimed to answer the following questions:

1. What is the degree of application of social distancing in the context of the COVID-19 pandemic among Saudi community members?
2. Are there differences in the degree of social distancing in Saudi society due to the variables of sex, age, and educational qualification?
3. What is the level of psychological well-being among the Saudi society in context of COVID-19 pandemic?
4. Are there differences in the level of psychological well-being due to the variables of sex, age, and educational qualification?
5. Is there a significant correlation between the degree of application of social distancing and psychological well-being as a whole among the Saudi society members in context of the COVID-19 pandemic?

Significance of the Study

The current research topic is an emerging one. Previous research and studies in this field are still limited in the Gulf countries and especially in the southern region

of Saudi Arabia. Therefore, the current study can be considered one of the pioneering studies in this context. This study will give more insight into the two concepts of social distancing and psychological well-being, as well as the correlational relationship between them. This insight may help policy and decision-makers take necessary measures to implement social distancing in a safe and appropriate manner that may reflect on the development of psychological well-being and reduce the risk of the spread of COVID-19.

Methodology

Study Design

This study employed the relational descriptive approach to collect the data from the study participants and investigated the correlational relationship between the independent (sex, age, and educational qualification) and dependent variable.

Study Sample

The study sample consisted of 564 individuals from the Najran region in the southern part of Saudi Arabia. The study was conducted from April 1 to April 30, 2021, and utilized a web-based questionnaire. An online link to the questionnaire was disseminated through personal email and social media applications such as WhatsApp, Facebook and Twitter. A written consent was obtained from all participants and confidentiality of the obtained data was assured.

Tools of the Study

Social Distancing Scale

The researchers developed a self-administrated questionnaire after revising related literature. The scale consisted of (22) items distributed in two parts. The first one refers to spatial spacing at home and consists of 10 items, and the second part refers to spatial spacing outside home and consists of 12 items. The quadruple Likert scale was used (always, often, sometimes, and rarely) and the scores were given a score of 4, 3, 2, and 1, respectively.

Psychological well-being Scale

This scale was built by referring to previous literature and studies, where the scale consisted of (20) items distributed equally in four dimensions, namely: feeling comfortable with the self, and feeling comfortable with others, and the ability to cope with the demands of life, and psychological integrity.

Instrument validity and reliability

The tools were tested for face, content, and construct validity by presenting it in its initial form to ten arbitrators who are experts and specialists in psychological well-being, social psychology, measurement and evaluation, to ensure the suitability of the scale to achieve the goals and objectives of the study. The scale's reliability was also verified by calculating the reliability coefficient by the internal consistency

method according to the "Cronbach Alpha" formula. The scale was then applied to an exploratory sample selected from outside the study sample consisting of 30 individuals, and the reliability coefficient was calculated for the scale as a whole and for the fields.

Data collection and statistical analysis

The data was collected during the study period through the web-based questionnaire. After data collection was completed, it was entered into SPSS version 23 to perform the required analysis. Categorical variables were reported as frequency (n), percentage, and continuous variables as mean $\pm$ standard deviation (SD). Relation and correlation between variables were investigated using the Fisher exact test; the P-value was significant at <0.05 .

Ethical Approval: The research was approved by the Scientific Research Ethical Committee, Najran University (No. 442-41-46079-DS). All the participants were informed that the participation was voluntary, and they could quit the study at any point. Informed consent was obtained from all the participants. All the data obtained was kept confidential and used for research purposes only.

Scoring Scale: After reviewing the theoretical literature and previous studies and taking the opinions of some measurement and evaluation experts, the results of the arithmetic mean value were interpreted on a scale according to the interquartile rating scale used in the current study. The range is calculated, $4 - 1 = 3$, the class length is calculated by dividing the range by the number of classes according to the class length $3/4 = 0.75$, the shown result is weak according to statistician expert if result within 1 to less than 1.75 is weak to low, from 1.75 to less than 2.5 is low to medium, from 2.5 to 3.25 is medium to firm, and from 3.25 to 4 is strongest.

Results

Sociodemographic characteristics

The sociodemographic characteristics of the study participants are depicted in Table 1. More than half of the participants were females (51.78%) and were young adults aged less than 30 years old (55.67%). The respondents had a good educational level as 78% had at least a University degree.

Table 1. Demographic descriptive statistics of participants, Najran, Saudi Arabia (n=564)

Variable	Categories	Frequency	Percentage (%)
Gender	Male	272	48.22
	Female	292	51.78
Age (years)	Less than 30	314	55.67
	30 to 40	135	23.93
	Above 40	115	20.4
Education Level	University degree	440	78.00
	Less than a university degree	124	22.00

Reliability of Social Distancing and Psychological well-being Scale

Table (2) shows that the reliability coefficient for the social distancing scale as a whole reached (0.96), and the value of the first field, "spatial spacing at home" was (0.93). As for the value of the second field, "spatial spacing outside home," it was (0.94). Similarly, the reliability coefficient of the psychological well-being scale on the total score amounted to (0.94), while it ranged between (0.79 - 0.91) in the fields. These high stability coefficients indicated that the instrument was suitable for the goals of the study.

Table 2. Reliability Coefficients for the Social Distancing and Psychological Well-Being Scales

Variables for the Social Distancing Scale	No. of items	Cronbach α
Indoor activities	10	0.93
Outdoor activities	12	0.94
Total	22	0.96
Variables for the Psychological Well-being Scale		
Self-comfort	5	0.79
Social-comfort	5	0.82
Overcome life demands	5	0.89
Psychological safety	5	0.91
Total	20	0.94

Degree of Social Distancing in context of COVID-19

It is evident from table (3) that the degree of social distancing among the participants of the study was medium to strong, with a mean score of 2.87 ± 0.55 . The degree of spatial distancing field at home and social spacing occurring outside home was found to be medium to strong, with a mean score of 2.60 ± 0.66 and 3.10 ± 0.61 , respectively.

Table 3. Degree of application of social distancing among study participants in the context of COVID-19 pandemic

Variable	Mean $\pm$ SD	Level
Indoor activities (Spatial distancing)	2.60 ± 0.66	Medium to strong
Outdoor activities (Social distancing)	3.10 ± 0.61	Medium to strong
Total	2.87 ± 0.55	Medium to strong

The results suggest that there are no statistically significant differences in the degree of application of social distancing with regards to the gender variable associated with the outdoor activities. However, there was a statistically significant difference associated with educational qualification in favor of University degree holders. Similarly, statistically significant differences were observed between age and spatial distancing at home, as well as the total score. Post-hoc comparisons using Scheffe's method revealed statistically significant differences attributable to the age variable (Table 6).

Table 4. Degree of application of social distancing among the participants in the context of COVID-19 in association with the independent variables

Variable	Categories	Indoor spatial distancing (Mean±SD)	Outdoor Social distancing (Mean±SD)	Total
Gender	Male	2.63±0.77	3.06±0.64	2.86±0.62
	Female	2.58±0.53	3.14±0.57	2.88±0.47
Age (years)	Less than 30	2.54±0.62	3.07±0.62	2.83±0.53
	30 to 40	2.56±0.73	3.13±0.63	2.87±0.61
	Above 40	2.81±0.63	3.15±0.55	2.99±0.48
Education Level	University degree	2.69±0.61	3.17±0.57	2.95±0.50
	Less than university degree	2.28±0.70	2.86±0.68	2.59±0.61

Table 5. ANOVA for degree of application of social distancing among the participants in the context of COVID-19 in association with the independent variables

Variable	Factor	Mean square	df	F	<i>p-Value</i>
Gender	Indoor activities	1.008	1	2.577	0.019
	Outdoor activities	0.275	1	0.775	0.379
	Total	0.029	1	0.105	0.746
Age	Indoor activities	8.902	2	11.380	0.000
	Outdoor activities	1.347	2	1.897	0.151
	Total	3.867	2	7.012	0.001
Education Level	Indoor activities	21.074	1	53.880	0.000
	Outdoor activities	9.038	1	25.443	0.000
	Total	13.886	1	50.366	0.000

Table 6. Post-hoc comparisons by Scheffe's method demonstrate the significant differences in social distancing on the age variable

Variable	Age		Mean differences	<i>P-Value</i>
Indoor activities	Less than 30	Above 40	-.27*	0.001
Outdoor activities	30-40	Above 40	-.16*	0.018

Table (6) shows the existence of statistically significant differences between the age group of less than 30 years and the age group of more than 40 years in the field of spatial distancing at home and the overall degree, and the differences came in favor of the age group of more than 40 years.

Level of Psychological well-being in context of COVID-19 pandemic

The level of psychological well-being of the study participants was found to be medium to strong degree, with a mean score of 2.89 ± 0.59 . All the parameters concerning the psychological well-being had a mean score above 2.5, depicting medium to strong degree of psychological well-being (Table 7).

Table 7. Level of psychological well-being among participants in the context of COVID-19 pandemic

Variable	Mean $\pm$ SD	Level
Self-comfort	2.73 ± 0.79	Medium to strong
Social-comfort	2.65 ± 0.75	Medium to strong
Overcome life demands	3.16 ± 0.73	Medium to strong
Psychological safety	3.03 ± 0.71	Medium to strong
Total	2.89 ± 0.59	Medium to strong

The results show that there are no statistically significant differences in the level of psychological well-being due to the gender variables. However, statistically significant differences were observed ($p < 0.05$) attributed to the educational qualification on psychological well-being, in favor of a university qualification. Moreover, no statistically significant differences were observed between psychological well-being and the age variable, except "feeling comfortable with oneself" (Table 8 and 9)

Table 8. Level of Psychological well-being among the participants in the context of COVID-19 in association with the independent variables

Variable	Categories	Self-comfort	Social-comfort	Overcome life demands	Psychological safety	Total
Gender	Male	2.73 ± 0.88	2.73 ± 0.88	2.73 ± 0.88	2.73 ± 0.88	2.73 ± 0.88
	Female	2.75 ± 0.69	2.73 ± 0.88	2.73 ± 0.88	2.73 ± 0.88	2.73 ± 0.88
Age (years)	< 30	2.67 ± 0.74	2.69 ± 0.73	3.12 ± 0.73	3.04 ± 0.71	2.88 ± 0.55
	30-40	2.70 ± 0.89	2.54 ± 0.85	3.20 ± 0.75	3.06 ± 0.69	2.87 ± 0.67
	> 40	2.94 ± 0.76	2.67 ± 0.68	3.21 ± 0.72	2.95 ± 0.73	2.94 ± 0.60
Education Level	University degree	2.78 ± 0.77	2.70 ± 0.73	3.19 ± 0.71	3.09 ± 0.67	2.94 ± 0.56

Less than university degree	2.56±0.83	2.44±0.80	3.04±0.80	2.80±0.79	2.71±0.67
-----------------------------	-----------	-----------	-----------	-----------	-----------

Table 9. Analysis of the triple variance of the level of psychological among the participants in the context of COVID-19 in association with the independent variables

Variable	Factor/Fields	Mean square	df	F	P-Value
Gender	Self-comfort	0.000	1	0.000	0.985
	Social-comfort	0.199	1	0.355	0.551
	Overcome life demands	0.954	1	1.771	0.184
	Psychological safety	0.141	1	0.284	0.594
	Total	0.050	1	0.143	0.705
Age	Self-comfort	7.936	2	6.509	0.002
	Social-comfort	2.611	2	2.328	0.098
	Overcome life demands	1.462	2	1.357	0.258
	Psychological safety	0.231	2	0.233	0.792
	Total	0.962	2	1.389	0.250
Education Level	Self-comfort	6.079	1	9.973	0.002
	Social-comfort	7.493	1	13.359	0.000
	Overcome life demands	2.158	1	4.007	0.046
	Psychological safety	7.157	1	14.432	0.000
	Total	5.460	1	15.758	0.000

Table 10. Post-hoc comparisons by Scheffe's method demonstrate the significant differences in the field of feeling comfortable with oneself according to the age variable

Variable	Age	Mean differences	P-Value
Self-comfort	Above 40	Less than 30	-.27*
		30-40	-.24*

Post-hoc comparisons using Scheffé's method were made to show statistically significant differences observed in the age variable. Table-10 shows the existence of statistically significant differences ($p < 0.05$) between age groups of more than 40 years and less than 30 years of age and in favor of that of more than 40 years. On the other hand, there are statistically significant differences between the age group of 30-40 years and between that of more than 40 in favor of the latter.

Correlation between degree of social distancing and level of psychological well-being

The Pearson Correlation coefficient was calculated between the degree of social distancing as a whole and the level of psychological well-being as a whole. The results showed existence of a statistically significant ($p = 0.000$), positive and strong correlation between the degree of application of social distancing and the level of

psychological well-being. This indicates that the greater the application of social distancing and commitment to it, the greater is the level of psychological well-being observed among the study participants (Table 11).

Table 11: Pearson Correlation Coefficient shows the correlation between the degree of social distancing and the level of psychological well-being

		Total Psychological well being	
Total distancing	Social	Pearson correlation	0.870**
		Sig. 2 tailed	0.000
		N	564

Discussion

Psychological well-being is an essential factor supporting the individual and society in facing the COVID-19 pandemic through the individual's ability to control, manage and adapt to the crisis. The results from the current study showed that the degree of social distancing among the study participants was medium to high degree. This can be attributed to the awareness campaign announced by the WHO and Saudi Health authorities, emphasizing the importance of social distancing to inhibit the spread of the Coronavirus. Such precautionary measures are essential to reduce contact with infected patients who are likely to spread the virus when coughing, sneezing, or having their personal tools used by others without following prevention protocols. Also, since March 2020 until now, the Ministry of Health in the Kingdom of Saudi Arabia has issued guidelines and leaflets to raise awareness of the dangers of the Coronavirus and methods of transmission, in which it stressed the need to adhere to social distancing at home and outside to prevent the spread of this dangerous virus. For example, the Saudi Ministry of Interior has set strict penalties against anyone violating the orders or not abiding by precautionary and preventive measures including social distancing. In fact, it has imposed heavy financial fines according to the type of violation and referral to the Public Prosecution in cases of repeated offenses or evidence of transmitting the infection to others. The Ministry of Health has also worked, in cooperation with the Ministry of Municipality and Rural Affairs, the Ministry of Commerce and the Ministry of Labor to set strict applications regarding work in markets in terms of employee commitment and customer commitment. These include leaving a safe distance between shoppers, wearing gloves and a face mask, using hand sanitizers, avoiding shaking hands, and sterilizing shopping carts. The Ministry of Municipalities issued a decision requiring shops and stores to cancel promotional offers and discounts on commercial goods to prevent crowding among members of society. In cooperation with the Ministry of Health, the Ministry Communications activated a free SMS service on mobile phones focused on raising awareness of the precautionary measures in applying social distancing between community members inside and outside home. All previous practices implemented by the official authorities in the Kingdom have led to a commitment to social distancing among members of the Saudi society.

The results showed that there are no statistically significant differences in the degree of social distancing according to the gender variable. This indicates a good level of awareness among members of the local community in Najran region,

regardless of their gender, on the importance of social distancing to prevent and limit the spread of the Coronavirus. These findings are in line with other studies conducted in Hong Kong and Saudi Arabia (Zhao et al., 2020; Elhessewi et al., 2021). Perhaps this commitment is due to the efforts made by the Saudi Ministry of Health as well as volunteer teams that have provided educational guidance to control this new virus, spreading healthy and preventive culture and highlighting the importance of adhering to social distancing inside and outside the home among members of society. However, statistically significant differences were seen in social distancing according to the age variable in favor of the age group (more than 40 years), which may be attributed to the cognitive maturity factor of a person at this age. These findings are in compliance with the findings of Zhao et al. (Hong Kong, 2020), who reported that participants above 60 years of age showed significant compliance to social distancing measures (Zhao et al., 2020; Elhessewi et al., 2021). At this stage, people are expected to realize the risks and know how to avoid them to protect themselves.

Moreover, people with university academic qualifications were found to be the most committed to applying social distancing. These findings corroborate with the findings of another study conducted in Saudi Arabia, which found that participants with secondary or tertiary education had higher compliance for Social distancing measures (Elhessewi et al., 2021). This indicates that those with university scientific qualifications are more aware of the danger of the COVID-19 pandemic and its risks to themselves and society. In addition, they show good awareness of the importance of adhering to instructions and regulations imposed by institutions in their country regarding the application of social distancing to limit the spread of the Coronavirus.

The study results showed that the total score of psychological well-being in the context of COVID-19 pandemic was of medium to strong degree, and all psychological well-being dimensions got a medium to strong degree. This indicates that individuals feel psychologically healthy most of the time. This manifests in their feeling comfortable with oneself and with others, and they feel they have adequate psychological safety and capability to face the demands of life. These findings were in contrast to the findings of Di Corrado (Italy, 2020), who reported that the COVID-19 outbreak in Italy had a significant psychological and physical impact on more than half of the respondents (Di Corrado et al., 2020). COVID-19 crisis may affect people's psychological well-being. However, with the passage of time, different methods and strategies have been developed to adapt to this pandemic and its repercussions throughout the world. Banerjee and Rai (2020) indicated that the Coronavirus pandemic changed the way individuals interact and deal with the problems life poses (Banerjee & Rai, 2020). The use of social media, video communication, electronic platforms, and applications that facilitate access to various services helped stabilize individuals' psychological state.

There were no statistically significant differences in the level of psychological well-being due to the gender variable. This is due to the existence of strong emotional stability within the Arab and Saudi families, their solidarity, love and affection. They have resorted to different psychological methods, such as coping and adapting to the pandemic and resorting to God, praying and seeking forgiveness. Furthermore, statistically significant differences were seen in the overall degree of

psychological well-being according to the educational qualification variable in favor of university degree holders. This indicates that those with university academic qualifications are an effective group who can employ strategies for dealing with stress and psychological problems, especially in times of crises, which reflects on their level of comfort, psychological well-being and freedom from disturbances such as anxiety, fear and tension. This state has reflected positively on the level of their psychological well-being compared to other people without university qualifications. It was also observed that there are no statistically significant differences in the level of psychological well-being due to the variable of age, and it is concluded that all age groups are aware of the seriousness of the COVID-19 and its risks. In addition, they have shown awareness of importance of dealing with stress in times of crisis, especially the crisis of the spread of COVID-19 pandemic. Therefore, they are keen to protect themselves and have an adequate amount of psychological well-being.

Pearson's correlation analysis showed a positive and strong correlation between the degree of application of social distancing as a whole and the overall level of psychological well-being. This indicates that the greater the application of social distancing and commitment to it, the greater the level of psychological well-being of the study participants in the context of the COVID-19 pandemic, and this can be attributed to human capabilities in developing suitable methods and strategies to deal with the crises. In light of the current situation, Saudi society has shown social and psychological compatibility and has managed to adapt to the COVID-19 pandemic crisis. An important point is accepting social distancing as necessary to protect individuals and society from this dangerous virus. In response to the circumstances of the emerging coronavirus pandemic, practicing social distancing and precautionary behavior have become a matter of survival. Saudi people have become fully aware of how to motivate themselves, their families and friends to have social communication in safe ways away from the dangers of the pandemic. This can be explained by the increased awareness of the nature of the pandemic, which motivates the members of Saudi society to work together and take all the possible measures to deal with this great challenge. Their unity is reflected in their sense of security, safety, comfort and belief in overcoming the current crisis.

Recommendations

Based on the results of this study, it is possible to recommend the importance of ensuring the development of community awareness of social distancing to limit the spread of COVID-19 through different procedures. First, health and social care institutions can provide support, advice and guidance services through social networking sites regarding strategies for dealing with psychological pressures. Society should be enlightened about the necessity of abiding by social distancing to limit the spread of the new Coronavirus. Medical cities, government psychological and private hospitals in the Kingdom of Saudi Arabia should use their electronic platforms and social networks to raise awareness about COVID-19, methods of dealing with it, how to apply social distancing appropriately, and how to maintain and reach high levels of psychological well-being.

Psychologists and social workers and those in charge of psychological and public health should be aware of the importance of their role in mitigating the

psychological and social effects of the COVID-19 pandemic by activating family training and development programs at the local level. They can spread awareness and educate people about the correct ways of dealing with this crisis to maintain their psychological well-being and adequately apply the standards of social distancing both at home and outside home.

Acknowledgment

The authors express their gratitude to the Ministry of Education and the Deanship of Scientific Research, Najran University, Kingdom of Saudi Arabia for their financial and technical support under code number (NU/NRP/SEHRC/11/2).

Conflict of Interest

The authors declare that no conflict of interest exists.

References

- Banerjee, D., & Rai, M. (2020). Social isolation in Covid-19: The impact of loneliness. *International journal of social psychiatry*, 66(6), 525-527.
- Bao, Y., Sun, Y., Meng, S., Shi, J., & Lu, L. (2020). 2019-nCoV epidemic: address mental health care to empower society. *The Lancet*, 395(10224), e37-e38.
- Barry, M., Al Amri, M., & Memish, Z. A. (2020). COVID-19 in the shadows of MERS-CoV in the Kingdom of Saudi Arabia. *Journal of epidemiology and global health*, 10(1), 1. doi: 10.2991/jegh.k.200218.003. PMID: 32175703; PMCID: PMC7310806.
- Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The lancet*, 395(10227), 912-920.
- Chen, Y., Liu, Q., & Guo, D. (2020). Emerging coronaviruses: genome structure, replication, and pathogenesis. *Journal of medical virology*, 92(4), 418-423. doi: 10.1002/jmv.25681. Epub 2020 February 7. Erratum in: *J Med Virol*. 2020 Oct;92(10):2249. PMID: 31967327; PMCID: PMC7167049.
- Choi, E., Hui, B., & Wan, E. (2020). Depression and Anxiety in Hong Kong during COVID-19. *International journal of environmental research and public health*, 17(10), 3740. <https://doi.org/10.3390/ijerph17103740>
- Corr A. (2009). Counseling school Girls in Gambia. *Therapy Today*, 20(6), 50-60.
- Di Corrado, D., Magnano, P., Muzii, B., Coco, M., Guarnera, M., De Lucia, S., & Maldonato, N. M. (2020). Effects of social distancing on psychological state and physical activity routines during the COVID-19 pandemic. *Sport sciences for health*, 16(4), 619-624.
- DiGiovanni, C., Conley, J., Chiu, D., & Zaborski, J. (2004). Factors influencing compliance with quarantine in Toronto during the 2003 SARS outbreak. *Biosecurity and bioterrorism: biodefense strategy, practice, and science*, 2(4), 265-272.
- Dong, L., & Bouey, J. (2020). Public mental health crisis during COVID-19 pandemic, China. *Emerging infectious diseases*, 26(7), 1616.
- Ebrahim, S. H., & Memish, Z. A. (2020). COVID-19: preparing for superspreader potential among Umrah pilgrims to Saudi Arabia. *Lancet (London, England)*, 395(10227), e48. doi: 10.1016/S0140-6736(20)30466-9. Epub 2020 February 27. PMID: 32113506; PMCID: PMC7158937.

- Elhessewi, G. M. S., Almoayad, F., Mahboub, S., Alhashem, A. M., & Fiala, L. (2021). Psychological distress and its risk factors during COVID-19 pandemic in Saudi Arabia: a cross-sectional study. *Middle East Current Psychiatry*, 28(1), 1-7. <https://doi.org/10.1186/s43045-021-00089-6>
- Elmer, T., Mepham, K., & Stadtfeld, C. (2020). Students under lockdown: Comparisons of students' social networks and mental health before and during the COVID-19 crisis in Switzerland. *Plos one*, 15(7), e0236337.
- Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., & Bullmore, E. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *The Lancet Psychiatry*, 7(6), 547-560.
- Koçer, Z. A. (2020). Pandemi oluşumunda zoonotik patojenlerin önemi. *TÜBİTAK Covid-19 Web Portal*. URL: <https://covid19.tubitak.gov.tr/bilimsel-arastirma-paylasim-platformu/pandemi-olusumunda-zoonotik-patojenlerin-onemi>.
- Leigh-Hunt, N., Baggeley, D., Bash, K., Turner, V., Turnbull, S., Valtorta, N., & Caan, W. (2017). An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public health*, 152, 157-171.
- Polizzi, C., Lynn, S. J., & Perry, A. (2020). Stress and coping in the time of COVID-19: Pathways to resilience and recovery. *Clinical Neuropsychiatry*, 17(2), 59.
- Summaka, M., Zein, H., Naim, I., & Fneish, S. (2021). Assessing the psychological impact of COVID-19 outbreak and its related factors on Lebanese individuals with physical disabilities. *Disability and health journal*, 14(3), 101073. <https://doi.org/10.1016/j.dhjo.2021.101073>
- Taylor, S. (2019). *The psychology of pandemics: Preparing for the next global outbreak of infectious disease*. Cambridge Scholars Publishing.
- Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., Ho, C. S., & Ho, R. C. (2020). Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China. *International journal of environmental research and public health*, 17(5), 1729. <https://doi.org/10.3390/ijerph17051729>
- Wang, K. T., Slaney, R. B., & Rice, K. G. (2007). Perfectionism in Chinese university students from Taiwan: A study of psychological well-being and achievement motivation. *Personality and Individual Differences*, 42(7), 1279-1290.
- Zhao, S. Z., Wong, J. Y. H., Wu, Y., Choi, E. P. H., Wang, M. P., & Lam, T. H. (2020). Social distancing compliance under COVID-19 pandemic and mental health impacts: a population-based study. *International journal of environmental research and public health*, 17(18), 6692.