

Research Paper

Fear of Corona and Psychological Distress among Teachers after Returning to Teaching under the Corona Pandemic

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ABSTRACT

Many previous studies referred to the psychological effects of the spread of the Corona virus, and among these effects were the fear of the corona virus and the psychological distress of teachers after returning to teaching. The present study aims to uncover the level of fear of Corona, the psychological distress, and the relationship between the two of them among the teachers after their return to face- to- face teaching in Palestinian society. This study is considered one of the few studies that were applied to Palestinian teachers. The study was applied to a sample consisting of 309 Palestinian teachers who were chosen by the simple random sample method. The measure of fear of Corona (Mahamid et al., 2022) and the measure of psychological distress are the DASS-21 (Lovibond & Lovibond, 1995). The study showed that the level of fear of Corona and psychological distress was at a low level. The study also showed that there is a positive relationship between fear of Corona and psychological distress among the teachers. The study revealed the existence of a positive relationship between fear of Corona and psychological distress. Therefore, it is necessary to reinforce the non-knowledge skills of the teachers, such as flexibility and emotional adaptation, to reinforce their psychological immunity and protect them from the negative effects of the phenomena of fear and psychological distress.

Keywords: *Fear of Corona, Psychological Distress, Depression, Stress, Anxiety*

The Corona sickness spread starting from the city of Wuhan in China in November 2019. Its spread was at such a quick speed that the World Health Organization declared, after four months, on such a quick speed that the World Health Organization declared, after four months, on March 11, 2020, that it was a world pandemic (Hernandez et al., 2021). A state of general health emergency was declared, which sparked more anxiety (Pang et al., 2022). The spread of the epidemic represented a big challenge for the whole world (Yang et al., 2022), and it resulted in health, social, psychological, and educational consequences (Ozamiz-Etxebamia et al., 2021). It formed a threat to the international economies and the patterns of life (Fujihara & Tbuchi, 2022) and an important turning point in the history of human civilization due to the large number of injuries and deaths caused by this virus (El-Bardan & Lathabhavan, 2021). This caused countries around the world to take more preventive measures to limit the spread of the disease. This led to an

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increase in the state of panic and fear among people (Bakioglu et al., 2020). Also, false and doubtful information about the factors of the virus' transfer, the incubation period of the disease, the geographic extent, the number of injured, and the number of deaths led to the absence of security and the increase of fear among the inhabitants (Ornell et al., 2020).

Many studies showed the effect of the Corona pandemic on the psychological health of patients (Zhang et al., 2020), workers in health care (Lai et al., 2020; Repon et al., 2021), and teachers too (Li et al., 2020; Weinert et al., 2021; Padmanabhanunni et al., 2022; Robinson et al., 2022; Hutchison et al., 2022).

With the spread of the pandemic, experts began to emphasize the importance of maintaining physical and psychological health (Bakioglu et al., 2020). Fears of being inflicted with the disease and its difficult symptoms and anxiety about losing the family caused psychological and social harm to the mental state of the individuals (BALTACI, 2021).

Fear and stress related to COVID-19 led to the appearance of symptoms such as a change in sleeping and eating patterns, an increase in the intensity of psychological cases, and an increase in using alcohol, tobacco, and drugs (Mamun et al., 2021); loneliness and the rise in the dangers of deaths even among the providers of health care (Repon et al., 2021); in addition to severe and rare nervous complications such as the inflaming of the brain, brain strokes, hallucination, and wear and tear of the nerves (Mamun, 2021).

Fear is considered an unpleasant internal emotion, the source of which is known, and it can pose a threat to the behavior of the person or his physiological system (Mirzaei et al., 2020). I am the most common response for such kinds of pressures, and it requires an adaptive response concerning the threat (Padmanabhanunni et al., 2022).

The change in the daily lives of people, especially limiting movement and working from home, led to more cases of fear from infection, anxiety disturbances, disturbances of temper, and suicide (Quadros et al., 2021), and the lowering of happiness and satisfaction with life (Li et al., 2020).

Also, social interaction and social relations among people became lower to protect themselves. This led to an increase in pressure and psychological distress as a result of this (BALTACI, 2021), especially since social remoteness in daily life contradicts the firmly rooted human nature of communication with others and subsequently the feeling of loneliness (Repon et al., 2021). It was noticed that there is an increase in the average number of deaths resulting from suicide (Quadros et al., 2021), post-trauma disturbance, and some psychological and social problems including stigma and discrimination (Yang et al., 2022).

The spread of the disease arouses feelings of impotence, sickness, and death on an individual level. The constant fear of being infected with a dangerous sickness is one of the psychological consequences of the spread of COVID-19 (Wang et al., 2020). The long-range negative feelings work on decreasing the immunity function among people and destroying the balance of their natural physiological mechanisms. This causes the formation of exaggerated reactions, which lead to avoidance behaviors and pathological conformity (Li et al., 2020). This decreases the ability of the patient to bear more exertion (Yazdanirad et al., 2021).

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Some studies in this domain pointed out that anxiety and fear concerning the COVID-19 virus were connected with high levels of anxiety and depression among adults. Previous studies about epidemics such as the pig's influenza in 2009 showed that pathological fears are positively connected with depression and anxiety (Lee & Crunk, 2020).

Many studies pointed out the harmful psychological results, with difficulties in mental health, professional burnout of the medical teams, weakness of rational thinking, and biased treatment as a result of wrong information, especially in social communication media (Stanculescu, 2022).

Returning to previous studies conducted in different societies after the pandemic's direct spread, it was found that there is an increase in the appearance of psychological problems such as depression, stress, and anxiety, such as the studies of drug and smoking addiction (Ren et al., 2020; Repon et al., 2021; Wang et al., 2021; Mamun, 2021; Qiu et al., 202; Zhang et al., 2020).

The spread of the epidemic and its effect were not limited to the mental health of the students but also affected the teachers with a high level of tension. Some studies pointed out that during the closure period, they suffered from pressure because they were compelled to adapt in a short time to teaching the students through the Internet (Ozamiz-Etxebamia et al., 2021). This affected their positions and orientations due to the imposed restrictions, which affected their fears and beliefs, adaptation strategies, and other daily issues (Wojtera et al., 2022).

Under these difficulties, it was inevitable for the teachers to adapt to new methods of teaching. Fear was one of the psychological results of this experience. They suffered from stress from having to comply with certain criteria in a new environment, such as using teaching technology (Cameron et al., 2021), the inability to reconcile their professional and personal responsibilities, and fear of their future. Therefore, the emotional distress might be particularly severe (Moore & Lucas, 2020).

Teaching is extremely exhausting, especially in schools that deal with adolescents. It was found that the effect of COVID-19 on teachers is that 17% of the teachers suffer from anxiety, 19% suffer from depression, and 33% suffer from exertion (LACOMBA-TREJO et al., 2022).

Some studies pointed out that this pandemic caused the suffering of teachers from anxiety, depression, home violence, and divorce, which affected their ability to teach in a proper way (Al Lily et al., 2020). Also, the study by Cameron et al. (2021) pointed out that the teachers showed high levels of fear of COVID-19. The study of Moore and Lucas (2020) pointed out that the fears of COVID-19 were positively connected with the symptoms of depression, anxiety, and stress, but they were negatively connected with flexibility, emotional balance, and satisfaction with life. Also, fear of COVID-19 was connected with exhaustion, although most of the studies that dealt with this connection were conducted among specialists in health care (Padmanahanunni et al., 2022).

Other than this, the teachers were not immune to the effects of the epidemic. UNESCO (2020) mentioned that there is a case of confusion and tension among the teachers as one of the negative results of closing the schools because of the sudden interruptions of these

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closures, not knowing the period of closure, and the relatively weak knowledge of distance teaching (Li et al., 2020).

The Palestinian society, like other societies, suffered from the effects of the spread of Corona, especially since it does not possess the strong potential that qualifies it to face this crisis. Therefore, the teachers had to manage the teaching process with all their effort and efficiency, and this caused many psychological problems for them.

Therefore, it is necessary to understand the psychological changes that are caused by COVID-19, such as negative feelings, knowledge indicators, and social dangers that can arise because of declaring a state of emergency in public health at a suitable time, because this can negatively affect the psychological health of the individuals.

Thus, the present study aimed to answer the following questions:

- What is the degree of fear of Corona and psychological distress among the teachers?
- Are there statistically significant differences at the significance level in the degree of fear of Corona and psychological distress among the teachers according to the variables of gender and age?
- Is there a relationship between fear of Corona and psychological distress among the teachers?

METHODOLOGY

Participants

A letter was sent to those concerned in the schools to clarify the aim of the study and that the targeted sample is from the teachers. After taking their initial agreement, the questionnaire was distributed among the teachers in several schools in the Jenin Governorate after they showed their agreement to participate in filling out the questionnaire. They were informed of the aim of the study concerning all the ethical issues in preserving the confidentiality of the information and that the information will be used for scientific research only. Accordingly, the questionnaire was distributed to 309 teachers in the Jenin Governorate by the simple random sample method. Table 1 clarifies the distribution of the individuals in the sample of the study according to the variables of gender and age.

Table 1: The characteristics of the demographic sample.

Variable		Number	Percentage %	Total
Gender	Male	144	46.6	309
	Female	165	53.4	
Age	20- 29	48	15.5	309
	30-39	138	44.7	
	40- 49	74	23.9	
	50 and Over	49	15.9	

Measures

Fear of Corona: The Measure of Fear of Corona, which was prepared by Mahamid et al. (2022), was used and was built to suit the Palestinian environment. The psychometric characteristics of the validity and reliability coefficients were calculated. The validity of the internal consistency and the extent of the connection of the items of the tool with the total

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degree of the Measure of Fear of Corona on the pilot sample of the study. It was indicated that the connection coefficients ranged between (.462**-.810**).

The measure consisted of seven items. To correct the measure, the five-grade Lickert scale, which ranges between (I strongly disagree: 1, I disagree; 2, I don't agree and do not disagree: 3, I agree; 4, I strongly agree; and 5 were used. The grades on the scale range from 7–35, where the highest grade indicates the existence of fear of the corona virus.

Psychological distress: The present study adopted the Psychological distress Measure (DASS-21), which is a brief version of the complete (DASS. The measure consists of 21 items. It consists of three measures that are designed to measure depression, anxiety, and stress. It is a self-report tool that is prepared to measure the emotional cases of depression, anxiety, and stress. The high degrees indicate high psychological distress (Lovibond & Lovibond, 1995). Every measure consists of seven items: depression, which includes items (3, 5, 10, 13, 16, 17, and 21); anxiety, which includes items (2, 4, 7, 9, 15, 19, 20); and stress, which includes items (1, 6, 8, 11, 12, 14, 18).

The degrees are specified on the branch measures (depression, anxiety, and stress) to classify the intensity of the symptoms from light to extremely severe as indicated in Table 2.

Table 2: Classification of severity of symptoms (depression, anxiety, and stress).

Severity of Symptoms	Depression	Anxiety	Stress
Normal	0-4	0-3	0-7
Mild	5-6	4-5	8-9
Moderate	7-10	6-7	10-12
Severe	11-13	8-9	13-16
Extremely Severe	14+	10+	17+

The measure is used to a large degree in published studies about depression, anxiety, and stress. The psychometric characteristics of the validity and reliability coefficients are calculated. The validity of the internal consistency and the extent of the connection of the items of the tool with the total degree of the psychological distress measure is verified on the pilot sample of the study, whereby the connection coefficients of the items with the total degree of the measure ranged between (.635** -.826**).

To correct the measure, the quadruple gradation was used, and it ranges between "do not apply at all" (0), "apply to some extent" (1), "apply with a big degree" (2), and "apply most of the time" (3), and there are no correct or wrong answers.

Reliability

Reliability was calculated through the Cronbach Alpha reliability equation. The value of the fear coefficient (fear of corona) was 0.945; psychological distress was 0.949. The value of the fear coefficient (fear of corona) was 0.945; psychological distress was 0.949. These results indicate that the tools of the study enjoy a high degree of reliability.

Statistical Analysis

The numbers, percentages, arithmetic means, and standard deviations among the individuals in the sample and their responses to the tools were calculated. The t-test and one-way

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analysis of variance was used as statistical tests. Also, the reliability coefficient (Cronbach's alpha) was used.

RESULTS

What is the level of fear of Corona among the teachers?

Table 3: Numbers, arithmetic means, and standard deviations for fear of Corona.

Variable	Number	Arithmetic Mean	Standard Deviation	The Degree
The total degree of fear of corona	309	23.28	7.242	low

It is clear from Table 3 that the total degree of fear of Corona came in at a low degree, with an arithmetic mean of 23.28 and a standard deviation of 7.242.

What is the level of psychological distress among the teachers?

Table 4: Numbers, arithmetic means, and standard deviations of psychological distress.

Scale	Number	Arithmetic Mean	Standard Deviation	The Degree
Depression	309	5.25	4.556	Low
Anxiety	309	4.77	4.220	Low
Stress	309	5.34	4.282	Low
The total degree of psychological distress	309	15.37	12.32	Low

It is clear from Table 4 that the total degree of psychological distress came in at a low level, with an arithmetic mean of (15.37) and a standard deviation of 12.32. Concerning the most important dimensions of psychological distress, they were represented in the dimension of stress with an arithmetic mean of 5.34, then depression (5.25), and anxiety (4.77). All the dimensions were in light degrees.

Are there statistically significant differences (with a statistical significance of $(0.05 \leq \alpha)$) in the level of fear of Corona among the teachers according to the variable of gender?

Table 5: The results of the t-test for differences in the total arithmetic mean for fear of corona according to the gender variable.

Variable	Gender	Number	Arithmetic Mean	Standard Deviation	Calculated t value	Freedom Degrees	Statistical Significance
The total degree of fear of corona	Male	144	22.53	7.85	-1.722	307	.086
	Female	165	23.95	6.62			
	Female	165	13.88	11.249			

It is indicated from Table 5 that there are no statistically significant differences in the level of fear of Corona among the teachers, which is due to the variable of gender. The arithmetic mean for the total degree among the males was (22.53), while the arithmetic means for the females was 23.95. It was also indicated that the calculated value of t was(-1.722) at a significance level of (.086).

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Are there statistically significant differences at the significance level of $(0.05 \leq \alpha)$ in the levels of psychological distress among the teachers according to the variable of gender?

Table 6: T-test for the differences in the total arithmetic means for psychological distress according to the variable of gender.

Variable	Gender	Number	Arithmetic Mean	Standard Deviation	Calculated t value	Freedom Degrees	Statistical Significance
Depression	Male	144	5.71	4.698	1.648	307	.100
	Female	165	4.85	4.405			
Anxiety	Male	144	5.56	4.546	3.085	307	.002**
	Female	165	4.09	3.796			
Stress	Male	144	5.81	4.490	1.793	307	.074
	Female	165	4.93	4.062			
The total degree of psychological distress	Male	144	17.07	13.291	2.285	307	.023*
	Female	165	13.88	11.249			

It is indicated from Table 6 that there are statistically significant differences in the level of psychological distress among the teachers, which are due to the variable of gender on the total degree and the dimension of anxiety in favor of the males, while it is indicated that there are no differences on the two dimensions of depression and stress. The arithmetic mean for the total degree among the males was 17.07, while the arithmetic means for the females was 13.88. Also, it was indicated that the calculated value of (t) was (2.285) at the significance level of (.023).

Are there statistically significant differences at the significance level of $(0.05 \leq \alpha)$ in the level of fear of Corona among the teachers according to the difference in age?

To answer the question, the arithmetic means and the standard deviations of the level of fear of Corona were calculated, as is clear in Table 7.

Variable	Age	Number	Arithmetic Mean	Standard Deviation
Fear of Corona	20-29	48	23.00	6.360
	30-39	138	23.80	7.352
	40-49	74	22.18	7.122
	50 and over	49	23.78	7.004

It is clear from Table 7 that there is an approximate difference in the level of fear of Corona among the teachers with their different ages. The results of the way analysis of variance were calculated, as is clear from Table 8.

Table 8: Results of one-way analysis of variance test for differences in the level of fear of corona according to age.

Dimensions	Source of Variance	Sum of Squares	Freedom Degrees	Mean of Squares	Calculated F value	Statistical Significance
The total degree of fear of Corona	between groups	143.974	3	47.991	.914	.434
	Inside Groups	16008.964	305	52.488		
	Total	16152.939	308			

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It is clear from Table 8 that there are no statistically significant differences at the significance level of $(0.05 \leq \alpha)$ for the level of fear of Corona among the teachers according to the variable of age. The value of the calculated (t) on the total degree of the fear of Corona was (.914) at the significance level of (.434).

Are there statistically significant differences at the significance level of $(0.05 \leq \alpha)$ in the level of psychological distress according to the variable of age?

To answer the question, the arithmetic means and standard deviations for the level of psychological distress according to the variable of age were calculated. This is clear in Table 9.

Table 9: Arithmetic means and standard deviations for the level of psychological distress according to the age variable.

Variable	Age	Number	Arithmetic Mean	Standard Deviation
Depression	20-29	48	6.604	5.663
	30-39	138	5.202	4.285
	40-49	74	4.689	4.147
	50 and over	49	4.918	4.559
Anxiety	20-29	48	5.229	4.696
	30-39	138	4.811	3.991
	40-49	74	4.216	3.797
	50 and over	49	5.061	4.947
Stress	20-29	48	6.291	4.894
	30-39	138	5.268	4.337
	40-49	74	4.702	3.852
	50 and over	49	5.571	4.041
The total degree of psychological distress	20-29	48	18.125	14.499
	30-39	138	15.282	11.912
	40-49	74	13.608	11.058
	50 and over	49	15.551	12.869

It is clear from Table 9 that there is an approximation in the level of psychological distress given the differences in their ages. To answer the question, the results of the one-way analysis of variance were calculated as mentioned in table 10.

Table 10: Results of one-way analysis of variance test for differences in the level of psychological distress according to age.

Dimensions	Source of Variance	Sum of Squares	Freedom Degrees	Mean of Squares	Calculated F value	Statistical Significance
Depression	between groups	116.988	3	38.996	1.895	.130
	Inside Groups	6277.323	305	20.581		
	Total	6394.311	308			
Anxiety	between groups	37.205	3	12.402		
	Inside Groups	5446.937	305	17.859		

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	Total	5484.142	308			
Stress	between groups	76.865	3	25.622	1.403	.242
	Inside Groups	5570.456	305	18.264		
	Total	5647.320	308			
The total degree of psychological distress	between groups	596.691	3	198.897	1.313	.270
	Inside Groups	46200.986	305	151.479		
	Total	46797.676	308			

It is clear from Table 10 that there are no statistically significant differences at the significance level of $(0.05 \leq \alpha)$ in the level of psychological distress among the teachers according to the variable of age. The value of the calculated (f) on the total degree of psychological distress was (1.313) at the significance level of (.270).

Is there a statistically significant relationship at the significance level of $(0.05 \leq \alpha)$ between the level of fear of Corona and psychological distress among the teachers?

To ascertain the validity of the question, the Pearson correlation coefficient was used, as is clear in Table 11.

Table 11: Results of the Pearson Correlation for the relationship between the level of fear of Corona and psychological distress.

Variable		fear of Corona	Depression	Anxiety	Stress	The total degree of psychological distress
fear of Corona	Value of (R)		.267**	.284**	.245**	.281**
	Significance Level		.000	.000	.000	.000
Depression	Value of (R)			.811**	.855**	.944**
	Significance Level			.000	.000	.000
Anxiety	Value of (R)				.844**	.935**
	Significance Level				.000	.000
Stress	Value of (R)					.952**
	Significance Level					.000
The total degree of psychological distress	Value of (R)					
	Significance Level					

It is clear from Table 11 that there is a positive relationship with statistical significance at the significance level of $(0.05 \leq \alpha)$ between fear of Corona and psychological distress among the teachers. The value of the correlation coefficient between the total degree of fear of Corona and the total degree of psychological distress was (.952) at the significance level of (.000).

DISCUSSION

The Corona pandemic directly affected the workers on the front lines of the confrontation, especially the teachers (Padmanabhanunni et al., 2022). The present study aimed to uncover the level of corona and psychological distress among the teachers at the beginning of the first study term of the year 2022/2023 when 309 teachers were employed in the Jenin Governorate, 46.6% of them being males and 53.4 being females, that is, the majority were females, whereby young women are more oriented to the teaching profession than men (Santamaria et al., 2021). This study will help in a better understanding of how to protect teachers at the time of crises and the spread of epidemics so that they can be able to continue teaching services (LACOMBA-Trejo et al., 2022).

The results of the study showed that the degree of fear of Corona was low. This agrees with the results of the study by Doshi et al. (2021). This might be because the majority of the sample in the study was from the youthful category (Wang, 2020), which possesses a good amount of awareness and knowledge, can follow means of personal protection, and also possesses psychological mechanisms and personal traits that help them in dealing with health dangers.

Also, religion might help in overcoming the fear of the epidemic, especially since Palestinian society gives big importance to religion, and it urged the importance of man's readiness for all the results, especially that readiness for the epidemic, and the importance of following healthy methods to confront the epidemic, which was set out through the calls from the mosques as a religious necessity for which man is held accountable. Religious beliefs grant a feeling of security and lessen fear and anxiety (Ochnik et al., 2022). This was emphasized by previous studies that found positive ties between religious behavior and well-being (Krok et al., 2012). However, other studies pointed out that religiosity has no role in decreasing the fear of Corona (Ochnik et al., 2022).

This was emphasized by the studies of (Asmundson & Taylor, 2020; Lin, 2020; Pakpour & Griffiths, 2020) that education, ethnicity, culture, and religion might affect the degree of a man's fear.

The differences in the results of the previous studies might be due to the differences in evaluating the degree of awareness and knowledge of this epidemic in different societies (Doshi et al., 2021; Roy et al., 2020; Zhong et al., 2020; Zhou et al., 2020). This was emphasized by Padmanabhanunni et al. (2022), who noted that the degree of fear in Corona was higher than the recorded degree in other places. However, previous studies showed varying results. A cross-sectional study that was conducted in the summer of 2020 in Berlin showed that half of the school team showed a medium fear to a very strong fear of the infection, and 59% of them pointed out that there is a medium fear of a very high fear of being infected (Hommes et al., 2021).

The study by Weinert et al. (2021) uncovered that 73% of the teachers were afraid of being infected by SARS-CoV-2 in the school and that the females were more worried than the males. This agrees with the fact that women are more vulnerable to being infected with anxiety than men.

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As for the differences between the two genders, the present study did not show any differences in the fear of Corona, and this is what the study (Duman, 2020; Carreon et al., 2021) revealed.

However, previous literature showed that there are differences between males and females in the degree of fear of the corona. Women showed fear to a higher degree than the males in the study (Bakioglu et al., 2020; Doshi et al., 2021; Fitzpatrick et al., 2020).

In light of these results, it can be said that the results of the present study might confirm or disagree with the results of other studies. Thus, we need more research and study on this topic, and this might be within larger and more comprehensive samples and in different geographical areas.

The results of the present study showed that there were no differences in the level of psychological distress according to age among the sample of the study. However, the study by Weinert et al. (2021) showed that the fear was at a high level among those of younger age and that it became lower with the advance of age.

Other literature pointed out that the degree of fear was higher in people aged 30-39 years with a feeling of a higher level of distress (Rahman et al., 2020).

However, previous studies showed that persons whose ages are greater than 47 years have higher levels of anxiety and exhaustion (Picaza et al., 2020).

The present study showed that the level of psychological distress among the teachers was low. The degree of tension was the highest, followed by depression and then anxiety. This result might seem logical in Palestinian society, where religion plays a big role in lessening the life problems that an individual faces. This is so from the point of view of faith in fatalism, and adapting to what man faces in his life is due to man's ability to be patient, which endows him with the feeling of comfort and psychological rest.

Previous studies indicated that there is a positive relationship between religiosity, psychological health, and satisfaction with life, whereby religion works on lessening the negative effects of psychological distress (Ochnik et al., 2022), and lowering the levels of anxiety, depression, and tension (Chirico & Nucera, 2020).

Many studies during the Corona pandemic found that religiosity helped people deal with the pressing events of life (Model et al., 2020). It is considered one of the confrontation strategies that lessen tension and reinforces psychological well-being during the epidemic (Sisti et al., 2023).

However, the study by LaCOmba-Trejo et al. (2022) showed that the teachers had psychological distress to a high degree, whereby they recorded a higher degree of anxiety than depression or tension. The study by Rahman et al. (2020) indicated that the degree of distress was moderate to high and that the fears were highly connected with psychological distress.

The teachers suffered much tension during the pandemic. This might be due to the difficulty of adapting to distance education and the fear for their future because of the epidemic. Thus,

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emotional distress among them might be severe (LACOMBA-TREJO et al., 2022). The previous studies also revealed that fear of Corona hurts the lives of individuals (Ozamiz-Etxebarria et al., 2021).

However, what is amazing about the results of the present study is that the males showed more anxiety than the females. This result disagrees with the results of modern studies, where the average spread of anxiety is higher among females than it is among men (Esteban et al., 2022). This could be because males bear more responsibilities in Palestinian society than females. Subsequently, they are more vulnerable to anxiety than females. Anxiety increases with the increase in family responsibilities (Elemo et al., 2020).

However, there were no differences between the two genders in the level of depression and tension. However, previous studies (Wang et al., 2020; Doshi et al., 2021; Ozamiz-Etxebarria et al., 2021; LACOMBA-TREJO et al., 2022) revealed that females are more vulnerable to tension and depression from anxiety as compared with their male peers. The study by Wojtera et al. (2022) revealed that women suffered from low to moderate levels of anxiety, tension, and depression. As for the males, they showed a constant level of depression.

The present study showed that there are no differences in psychological distress according to age. This result seems contrary to the study by Ozamiz-Etxebarria et al. (2021) which indicated that older teachers suffered from higher levels of anxiety and tension. This perhaps is due to the difficulty of adapting to the technological techniques that are to be used in teaching.

However, the study by Wojtera et al. (2022) revealed that age was not largely connected with anxiety, tension, and depression among the teachers; that is, the teachers who are older and have more experience feel less tension.

From another aspect, it was noticed that there is a rise in the levels of tension among individuals whose ages range from 23 to 35 years as compared with those whose ages range between 36 and 46 years, that is, young people are exposed to higher levels of tension (Lai et al., 2020) from Ozamiz-Etxebarria et al., 2021.

The present study sheds light on the relationship between the fear of Corona and the negative results on psychological health, whereby the results showed that there is a positive relationship between Corona and anxiety, tension, and depression. When health fears dominate the patient, this causes disturbances of anxiety and depression (Hiller et al., 20002).

This agrees with a study conducted by Bakioglu et al. (2020) which revealed a positive relationship between the levels of fear of COVID-19 among individuals and the levels of anxiety, fear, and depression. This in turn can lead to a deepening of the psychological and social effects of the epidemic, which have immense effects on the psychological states of the individuals. When individuals are physically and emotionally exhausted, they have negative ideas about being exposed to the corona virus, which decreases their feeling of security and increases their fears (Duong et al., 2022).

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In this connection, previous literature indicated that fear of Corona led to higher levels of psychological distress (Ahorsu et al., 2020; Satici et al., 2021; Ozamiz-Etxebarria et al., 2021). This fear may lead to stigma or the social exclusion of those who are inflicted, their families, and others who are connected with this sickness. This can affect psychological health in ways such as the disturbance of depression and adaptation (Zhang et al., 2020). This can be because of the preventive measures that must be taken to protect from the infection without the existence of the necessary support for that (Navarro, 2020).

CONCLUSIONS

This study is considered one of the few studies that were conducted on teachers in Palestinian society for measuring the level of fear and psychological distress during the Corona pandemic. This study sheds light on the importance of being interested in this category. For the study revealed the existence of a positive relationship between fear of Corona and psychological distress. Therefore, it is necessary to reinforce the non-knowledge skills of the teachers, such as flexibility and emotional adaptation, to reinforce their psychological immunity and protect them from the negative effects of the phenomena of fear and psychological distress, because the emotional state of the teachers affects the quality of the teaching services that are offered to the students and the quality of the emotional state of the students. Therefore, it is inevitable to concentrate on the services of psychological and social support for them and to design psychological and social strategies and interventions that can be used in case crises happen, such as the Corona crisis. The study proposes conducting studies with other variables such as spirituality, religiosity, and personality traits.

Limitations of the Study

This study is considered one of the few studies that used the two measures of fear of Corona and psychological distress on the teachers after the return to facial teaching, although the danger of infection from the virus still exists. It was preferred if the represented sample of teachers were bigger, and also if the distribution of the questionnaire was in a limited geographical area and not from the different geographical areas in Palestine.

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