

# Media Coverage and Depression Disorder Outcomes during COVID-19: An Exploratory Study in South Odisha

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## Abstract

The community spread of the corona virus disease-19 catastrophe poses unprecedented challenges throughout the world. This disease does not only affect the physical health but also has psychological impact on the people. The pandemic of corona virus has simultaneously induced an epidemic of tension and anxiety. As nation-wide lockdown were imposed and people were advised to stay at their homes to remain safe from the infection. The media coverage on COVID-19 continued to inform the people about the deaths due to the virus and about the worst scenario in the hospitals and plot of the migrant labourers and daily wage earners. This article examines to identify the factors which people perceive significant impact on psychological depression disorder by COVID-19. For this study primary data was collected from 102 respondents from South Odisha through questionnaire using Google docs. The factors impacting the depression disorder level was rated on Likert scale rating from strongly disagree 1 to strongly agree 5. Survey data was analysed by using statistical tool such as cronbach alpha, Exploratory Factor Analysis (EFA) and regression analysis to find out significant psychological distress related factors during COVID-19. The result stated that people perceived anxiety related concerns on maximum stress related disorder and minimum on coping related concerns of psychological distress. Thus, people need to focus on prevention coping strategies to improve their physical and psychological health.

**Keywords:** COVID-19; Media coverage; Depression disorder; Outbreak; Pandemic; Psychological impact

## Introduction

The spread of Corona Virus 2019 (COVID-19) was first time reported in the month of December, 2019 in humans in Wuhan (China) which caused physical as well as psychological effect on human civilization. The fear of infection, anxiety of losing family and relatives deeply impacted on the psychological distress

among the people. The WHO has also made precaution of high risk spreading infectious coronavirus to other countries around the globe. The COVID-19 emerged at the end of 2019 became hostile to lives and health of the millions of the people around the world. The infectious disease has resulted halts activities on everyday life of the people. It's natural to apprehend the effects of infectious deadly disease threat to manifest as sheer panic and anxiety: Worry about getting infection, worry about near dear ones for getting infection from COVID-19.

The COVID-19 outbreak has the potential effect to increase depression disorder because of anxiety factors, fear factors, risk factors, behaviour factors and information factors about how the outbreak will affect them physically, psychologically and socially. Media consumers viewing stressful content like the severity of the outbreak, reports from hospital is associated with more negative affect, depression, anxiety and stress. Whereas viewing heroic acts, speeches from experts and knowledge of the disease and prevention were associated with more positive affect and less depression [1].

The outbreak of coronavirus 19 disease in Wuhan (China) in the month of December 2019 was created havoc to the world. In January 2020, The World Health Organization declared this outbreak as international public health emergency of the world concern. Figured out that in COVID-19 pandemic, medical staffs in the Wuhan have been undergoing mental stress on the risk of transmission of disease which leads to frustration, anxiety and patients with negative feeling and discrimination. Revealed that SARS outbreak in Singapore in the year 2003, around 27 percent of the health care workers had reported symptom of psychiatric. Examined that at the time of ebola outbreaks in Sierra in the year 2014 and in the Congo in 2018, medical staffs had experienced more stress and anxiety among them [2]. Fear of uncertainty things leads to higher anxiety and stress level in the people whose having pre-existing psychological problems and afraid of social discrimination, stigmatization. Made an investigation on the topic psychological effects of the ebola epidemic on people, society and the world.

The study revealed that people experienced high level of negative emotional impact because of seeing people's death and

fear of death. Made a study by taking sample of 1,563 health professionals and revealed 50.7 percent of the respondents were having depression symptoms, 44 percent anxiety and 36.1 percent participants were suffering from sleep disturbance. He concluded that rapid spreading of the COVID-19 would be increasing the possibility of psychological suffering and anxiety [3]. Revealed that healthcare workers undergo traumatic anxiety, nervousness and hopelessness symptoms even after the outbreak of SARS. Explored that initial psychological response of the population from January 31 to 2 February 2020, within two weeks the country's outbreak of COVID-19. The study findings reported 53.8 percent of the respondents rated the psychological impact of outbreak as moderate or severe; 16.5 percent of respondents reported moderate to severe depressive symptoms; 28.8 percent of sample reported moderate to high level of anxiety symptoms and 8.1 percent reported moderate to high levels stress. Evaluated that outbreak of COVID-19 has tremendous impact on the psychological problems in different subpopulation which has caused an emerging big problems for the mental health service in research study received a total of 52730 respondents from Macau, Hong Kong and Taiwan valid responses got February 10, 2020. Study revealed that almost 35 percent of the respondents experienced psychological distress [4].

The above review examined the psychological effects of coronavirus-19 and its causal relationship with the stress disorder among the people during the amid of COVID-19. After reading various available literature, one thing that comes to the fore is that, till date very few studies have been conducted on media use and the effects of media consumption during a pandemic. At the same time, it must be admitted that in the last century there has been no outbreak of a pandemic in the scale of COVID-19. Hence, the scope for carrying out such studies was not available either [5].

But other studies have analysed the severe psychological impact directly associated with media consumption after a traumatic experience, among respondents who have been directly affected by such traumatic events as conventional terrorism, bioterrorism, war and natural disasters [6].

Also, a few studies have shown that media content that induces stress has a huge negative impact on the media consumers. Who conducted a study among the Jewish population in Israel found that viewers who regularly consumed media content, whether *via* traditional or new media, showed greater levels of anxiety. It may be noted that, most studies on disaster, media and psychological outcomes have dealt with long-term psychological outcomes, as reflected in the study conducted including post-traumatic stress disorder, depression, stress reactions, anxiety and substance abuse [7].

## Materials and Methods

According to Van witnessing the traumatic course of the infection in others can result in fear and anxiety about becoming ill or dying themselves. Moreover, access to reliable information about an outbreak is widely supported as key resource to maintain wellbeing. Thus, the media should play an important

role in providing such information that may also result in positive psychological impact [8].

## Objectives

In this study, the researchers have following objectives:

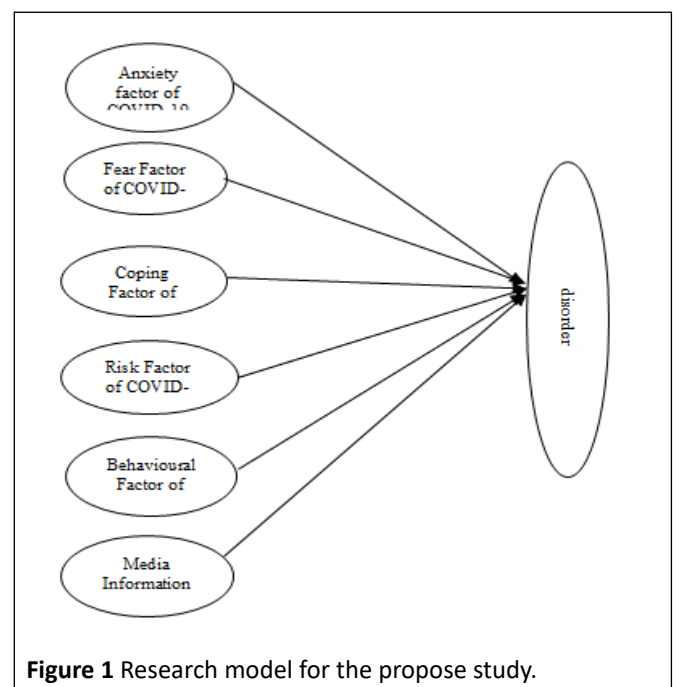
- To study the factors of psychological depression disorder of the people of being infected by COVID-19.
- To examine the factors of psychological depression which have significant impact on perception of the people by COVID-19.
- To examine the role of media in creating positive and negative psychological impacts.

## Research hypothesis

The researchers propose the following hypothesis:

- H1: Anxiety of getting infection by COVID-19 positively affects depression disorder.
- H2: Fear of infection by COVID-19 positively affects depression disorder.
- H3: Coping with the COVID-19 negatively related to depression disorder.
- H4: Risk of getting COVID-19 positively affects depression disorder.
- H5: Behaviour trigger by COVID-19 positively affects depression disorder.
- H6: Media content information about COVID-19 positively affects depression disorder.

Research model for the proposed study (Figure 1).



**Figure 1** Research model for the proposed study.

## Data and sample

The respondents were drawn from the general public of South Odisha (Ganjam, Gajapati and Kandhamal districts) at time of the COVID-19 outbreak. The self-structure survey questionnaire

was administered to the respondents through goggle docs by whatsapp and email. The source of data collection was first-hand data [9]. The data was received from the general population profile (Table 1).

**Table 1.** Demographic profile of respondents.

Demographics profile of respondents (N=102)		Percentage
Age groups	Under 22 years	12.7
	Between 22 to 35 years	45.1
	Above 36 years	42.2
Gender	Male	70.6
	Female	29.4
Marital status	Single	63.7
	Married	36.3
Educational qualification	Intermediate	11.2
	Graduation	48.8
	Above graduation	50
Occupation	Government job	31.4
	Others	30
	Students	18
	Private job	20.6
Income group	Less than 3 lakhs	18.9
	3 to 6 lakhs	38.6
	Above 6 lakhs	42.5
House type	Owned	47.1
	Rented	52.9
Place of residence	Urban	41.2
	Semi-urban	31.4
	Rural	27.5

## Measures

The questionnaire was consisting of twenty-two items designed in English language to facilitate the respondent to measure the psychological depression disorder impacts and its antecedent's variable includes anxiety, fear, risk, information, coping and behavioural factor of COVID-19. The survey questionnaires were completed by 102 adult (18 years or older)

who are aware about virus and they are not infected by COVID-19. The survey comprises of a series of statements for all variables. In the study area was recorded on a five-point Likert scale ranging from strongly disagree to strongly agree. The numerical value from 1 to 5 (Tables 2 and 3).

**Table 2.** Factors affecting reliability test.

Factors	No. of items	Cronbach's value
Anxiety	6	0.854
Fear	4	0.838
Coping strategy	5	0.792
Media information	3	0.789
Risk	2	0.713
Behaviours	2	0.701

**Table 3.** Communalities of variables.

Sl. No.	Items	Initial	Extraction
1	Coverage of media on COVID-19 has triggered me to disinfect my hands more often than usual	1	0.76
2	I am following all COVID-19 guidelines for prevention of COVID-19	1	0.752
3	Media have stimulated me to buy large quantity of hygiene and sanitation items during COVID-19	1	0.673
4	The COVID-19 is an unpredictable disease	1	0.728
5	I am worried about the infectious disease COVID-19	1	0.771
6	My heart palpitates when I think about my family getting infected with COVID-19	1	0.79
7	I feel sad when I see media reports about more infections and death rates due to COVID-19	1	0.779
8	I fear of getting infected with COVID-19	1	0.885
9	I am very worried about COVID-19	1	0.734
10	It makes me uncomfortable to think about the infectious disease COVID-19	1	0.698
11	I am afraid of losing my life because of COVID-19	1	0.571

12	I might get infection of COVID-19	1	0.636
13	I feel nervousness by watching TV and news reports about COVID-19	1	0.798
14	I am experiencing frustration during COVID-19	1	0.792
15	I am sensing helplessness during COVID-19	1	0.677
16	I am feeling restlessness by watching daily news updates of COVID-19	1	0.776
17	I am feeling irritation during COVID-19	1	0.734
18	I am listening to/reading the expert's advice in media on COVID-19	1	0.75
19	I am afraid that I might not get cured, if I infected with COVID-19	1	0.637
20	I have full confidence on doctors and medical facilities for treatment of COVID-19	1	0.664
21	I am getting encouragement from family and friends during COVID-19	1	0.593
22	I am maintaining hope that very soon COVID-19 will come to an end	1	0.71

**Note:** Extraction method: Principal component analysis

### Data analysis

The data has been analysed by using IBM SPSS software. The internal consistency of the scales were checked by testing Cronbach's alpha. As shown in the value of KMO test was above 0.70. The validity of instrument was checked by Exploratory Factor Analysis (EFA) and multiple regression using software. CFA has been used for checking the model fit whereas multiple regression was used to identify the relative contribution of anxiety, fear of catching infection, coping with COVID-19, risk of getting COVID-19, behaviour trigger by COVID-19 and media information about COVID-19 on depression disorder. Hypotheses testing was conducted by multiple regression analysis test [10].

### Factor analysis

Kaiser-Meyer-Olkin (KMO) test and Bartlett's were used to check the suitability of data for factor analysis. Displays that Bartlett test of sphericity has a p-value of 0.000 which determined the statistical significance indicating appropriateness of patterned relationship among the variables. KMO test represent the sample adequacy at 0.711 for testing which denotes the degree of inter-correlations among the variable and testing for the factor analysis (Table 4) [11].

**Table 4.** KMO and Bartlett's test.

KMO and Bartlett's test		
Kaiser-Meyer-Olkin measure of sampling adequacy	-	0.711
Bartlett's test of sphericity	Approx. <i>chi-square</i>	795.32
	df	234
	Sig.	0

The total variance explained by each variable was more than 0.5; it shows that a considerable amount of variance among all the variables. Specify that six factors were identified from factor analysis by applying Principal Component Analysis (PCA) using varimax rotation. These six factors were extracted which were all together in total explained 60. 21 percent of total variance. With the criterion of retaining only factors having eigenvalue of one

or greater, six factors were retained for rotation. These six factors accounted for variance 21.90 percent, 13.37 percent, 8.03 percent, 6.30 percent, 5.50 percent and 5.08 percent respectively (Table 5) [12].

**Table 5.** Factor analysis of components.

Component	Initial eigenvalues			Extraction sums of squared loadings			Rotation sums of squared loadings		
	Total	% of variance	Cumulative	Total	% of variance	Cumulative %	Total	% of variance	Cumulative %
1	4.818	21.901	21.901	4.818	21.901	21.901	3.697	16.805	16.805
2	2.943	13.376	35.278	2.943	13.376	35.278	2.698	12.265	29.069
3	1.768	8.039	43.316	1.768	8.039	43.316	2.356	10.71	39.779
4	1.387	6.306	49.622	1.387	6.306	49.622	1.753	7.97	47.749
5	1.211	5.505	55.127	1.211	5.505	55.127	1.4	6.362	54.111
6	1.119	5.086	60.214	1.119	5.086	60.214	1.343	6.103	60.214
7	0.995	4.524	64.738	-	-	-	-	-	-
8	0.964	4.383	69.122	-	-	-	-	-	-
9	0.877	3.986	73.108	-	-	-	-	-	-
10	0.847	3.852	76.96	-	-	-	-	-	-
11	0.75	3.41	80.369	-	-	-	-	-	-
12	0.72	3.272	83.642	-	-	-	-	-	-
13	0.685	3.114	86.756	-	-	-	-	-	-
14	0.621	2.822	89.578	-	-	-	-	-	-
15	0.506	2.299	91.877	-	-	-	-	-	-
16	0.36	1.638	93.515	-	-	-	-	-	-
17	0.336	1.526	95.041	-	-	-	-	-	-
18	0.31	1.408	96.449	-	-	-	-	-	-
19	0.257	1.167	97.615	-	-	-	-	-	-
20	0.205	0.933	98.548	-	-	-	-	-	-
21	0.181	0.822	99.37	-	-	-	-	-	-
22	0.139	0.63	100	-	-	-	-	-	-

**Note:** Extraction method: Principal component analysis

The six factors were extracted by exploratory factor analysis by applying extraction method of principal component analysis and rotation method of varimax with kaiser normalization. The unroated and roated componet martimax was performed. After roation, the six factors structure were formed. These six factors were anxiety related concern which includes six items, fear

related concern consist of four items, coping stratey concern consist of five items, risk related concern consist of three items, behaviour related concern consits of two items and media information concern consist of two items (Table 6).

**Table 6.** Exploratory factor analysis.

Items	Component					
	Anxiety	Fear	Coping	Information	Risk	Behavioral
I am experiencing frustration during COVID-19	0.869	-	-	-	-	-
I am feeling irritation during COVID-19	0.825	-	-	-	-	-
I am sensing helpless during COVID-19	0.743	-	-	-	-	-
I am worried about Infectious disease COVID-19	0.634	-	-	-	-	-
It makes me uncomfortable to think about the infetious disease COVID-19	0.616	-	-	-	-	-
I am very worried about COVID-19	0.551	-	-	-	-	-
I am fear of getting infected with COVID-19	-	0.77	-	-	-	-
I am afraid of might not get cured, if I infected with COVID-19	-	0.781	-	-	-	-
My heart palpilates when I think about my family might get COVID-19	-	0.662	-	-	-	-
I am afraid of losing of my life because of COVID-19	-	0.539	-	-	-	-
I am maintaining hope that very	-	-	0.726	-	-	-

soon COVID-19 will come to an end						
I have full confidence on doctors and medical facilities for treatment of COVID-19	-	-	0.704	-	-	-
I am listening to/ reading the experts advice on COVID-19	-	-	0.699	-	-	-
I am getting encouragemen t from family and friends during COVID-19 pandemic	-	-	0.597	-	-	-
I am following - all COVID-19 gudelines for prevention of COVID-19	-	-	0.505	-	-	-
I feel sad when I see media repots about more infections and death rates due to COVID-19	-	-	-	0.848	-	-
I feel nervousness by watching TV and newa reports about COVID-19	-	-	-	0.786	-	-
I am feeling restlessness by watching daily news updates of COVID-19	-	-	-	0.719	-	-
The COVID-19 is an unprectable diease	-	-	-	-	0.808	-
I might get infection of COVID-19	-	-	-	-	0.85	-
Coverage of media on COVID-19 has	-	-	-	-	-	0.865



triggered me to disinfect my hands more often than usual						
Media have stimulated me to buy large quantity of hygiene and sanitisation items during COVID-19	-	-	-	-	-	0.722
<b>Note:</b> Extraction method principal component analysis; Rotation method: Varimax with kaiser normalization						

The reliability analysis was performed. The Cronbach's alpha value for all the six factors were greater than 0.7. Normality test was analysed for factor score to check scores are normally distributed or not. The Kolmogorov-Smirnov test and Shapiro-Wilk test were done [13]. The significance value was more than

0.05. Thus, the factor scores are normally distributed. Hence parametric tests were used (Table 7).

**Table 7.** Test of normality.

Tests of normality						
Model	Kolmogorov-smirnova			Shapiro-wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Anxiety related concern	0.09	101	0.743	0.679	101	0.116
Fear related concern	0.076	101	0.667	0.585	101	0.311
Coping related concern	0.123	101	0.101	0.646	101	0.4
Risk related concern	0.176	101	0.9	0.418	101	0.71
Behaviour related concern	0.167	101	0.76	0.505	101	0.56
Media information concern	0.196	101	0.1	0.623	101	0.6

### Hypotheses testing

Multiple regression test statistics is used to test the hypothesis related to impact of determinants of the depression disorder (dependent variable) on COVID-19 psychological factors (independent variable). The results of multiple regression analysis are depicted in Table 8. For the anxiety related concern, fear related concern, risk related concern, behaviour related concern and media information concern and the respective significant values are 0.011, 0.000, 0.000, 0.010, 0.000 and

0.044. This indicates that hypothesis H1, H2, H3, H5, and H6 are accepted and H4 is rejected with significant value 0.352. Outcome of hypothesis testing result is shown in Table 9. The result found that anxiety factor has taken the maximum beta value of 0.373 with p-value at 0.000 which is lower than the significance level of 0.05. This shows anxiety related concern has highest impact on the psychological depression disorder among the people during the COVID-19.

**Table 8.** Coefficients of model.

Model	Unstandardized coefficients		Standardized coefficients		
	B	Std. error	Beta	t	Sig.
Constant	0.664	0.256	-	2.593	0.011
Anxiety related concern	0.373	0.03	0.667	12.277	0
Fear related concern	0.123	0.032	0.209	3.869	0
Coping related concern	0.042	0.045	0.045	0.936	0.352
Risk related concern	0.189	0.07	0.081	1.263	0.01
Behaviour related concern	0.153	0.032	0.228	4.846	0
Media information concern	0.126	0.062	0.136	2.045	0.044
<b>Note:</b> Dependent variable: Depression disorder					

**Table 9.** Outcome of hypothesis testing.

Outcome of hypothesis testing		
Statement	Sig.	Result
H1: Anxiety of getting infection by COVID-19 positively affects depression disorder	0	Accepted
H2: Fear of infection by COVID-19 positively affects depression disorder	0	Accepted
H3: Coping with the COVID-19 negatively related to depression disorder	0.352	Rejected
H4: Risk of getting COVID-19 positively affects depression disorder	0.01	Accepted
H5: Behaviour trigger by COVID-19 positively affects depression disorder	0	Accepted
H6: Media informative content about COVID-19 positively affects depression disorder	0.044	Accepted

## Discussion

The study examined impact of the COVID-19 related psychological factors on stress disorder during the outbreak and lockdown in India. The study attempts to explore factors that affect the level of stress disorder among the people during the

COVID-19 pandemic. In the hypothesis of this study, researcher proposed that six factors namely anxiety, fear, risk, behaviour, coping factor and information would be positively related with stress disorder. Findings of the study result suggested that anxiety, risk, behaviour, media information have significant impact on psychological depression level during COVID-19

whereas coping factor is insignificantly related to psychological depression level [14].

In this study five hypothesis such as anxiety, fear, risk, behaviour and information about COVID-19 were positively

related to stress disorder. The independent variables altogether have impacted on depression disorder is explained 81.6 percent (R-square) in the regression model summary (Table 10) [15].

**Table 10.** Regression model summary.

Model	R	R square	Adjusted R square	Std. error of the estimate
1	0.903 <sup>a</sup>	0.816	0.804	0.21153
<b>Note:</b> <sup>a</sup> Predictors (constant), media Information related concern, fear related concern, behaviour related concern, coping related concern, anxiety related concern, risk related concern fear related concern, behaviour related concern, coping related concern, Anxiety related concern, risk related concern				

The result agrees with several studies conducted earlier. For example, a survey conducted at Hong Kong on SARS outbreak shows that respondents responded on anxiety had mean score of  $\geq 3$ , indicating very anxiety among them. A study of China on general population (n=1210) online survey results indicates that 16.5 percent experienced severe depressive symptoms; 28.8 percent moderate to severe symptoms; 8.1 percent moderate to severe stress.

The study result shows that coping factor of COVID-19 is insignificantly related stress disorder. A detailed examination of

the coping factor related question suggests that Indians did not valued expert advice, staying connected with family and friends, confidence on doctors, encouragement from family and friends and hope for COVID-19 ending soon. The result surprises and contrary to most of the existing studies related to pandemic. This may be because of the sudden lock down declared which further extended for months. The unexpected lock down created a panic environment leading to high stress level among the people (Table 11).

**Table 11.** Analysis of variance.

Model	Sum of squares	df	Mean square	F	Sig.
Regression	18.679	6	3.113	69.575	0.000 <sup>b</sup>
Residual	4.206	94	0.045		
Total	22.885	100			
<b>Note:</b> <sup>a</sup> Dependent variable: Depression disorder; <sup>b</sup> Predictors: (Constant), media information related concern, fear related concern, behaviour related concern, coping related concern, anxiety related concern and risk related concern					

## Conclusion

This study attempted to find out COVID-19 impact on the psychological stress disorder among the people along with the determination of psychological and emotional factors of coronavirus-19. The COVID-19 outbreak has triggered tremendous psychological complications among the people. This infectious disease has made people life very vulnerable and devastating living conditions including restriction on travelling, closure of schools, business, shops and factories has brought stress disorder in the among people which brought about negative psychological impacts among the people like stress and anxiety etc. The results states that anxiety, risk, behaviour, information have an impact on psychological distress disorder level during COVID-19. Anxiety related factor is the most important factor for the stress disorder of COVID-19. The study results also indicate that anxiety is the most important factor that is 37.3 percent predictor of psychological distress disorder level during COVID-19.

## Implications for Theory and Practice

The implication of this study is that it assesses the general people depression disorder during the COVID-19 outburst. This

would be helpful in understanding its impacts and consequences of psychological state of mind of the general population. This study would be also helpful to assess changes in depression disorder among the people. This research also helpful to the media mangers to design and plan the contextual strategy, which will address the factual information about information. It should be carefully chosen to give information to the society. Thus, it can be recommended that learn how to protect yourself and others form COVID-19. Take care of yourself and be supportive to others at this time. Dealing emotional and psychological health during this pandemic time is as vital as managing your physical health. During this time of stress, pay attention and priority to your own needs and feelings. Engagement in healthy activities that you love and get enjoyment and feeling relaxing which enable you to keep optimistic in this COVID-19 pandemic.

## Limitations and Scope for Future Research

Limitations are part of any kind of research work. So, the present study is supposed to be not free from limitations. First, survey data obtaining from one region of Odisha limits the

generalizability of the findings to other geographic areas. The survey was limited to COVID-19 outbreak and did not consider other potential variables such as pre-existing psychological disorder or individual personality issues before pandemic. The future research can be conducted focus on workplace safety and COVID-19 in the industries considering other aspects of psychological impact of COVID-19 like safety climate, safety communication and risk of workplace infections.

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