# Relationship Between Decisions Concerning Covid-19 Pandemic and Level of Psychological and Social Stresses for Citizens and Residents

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| Article Info | Abstract |
|---|---|
| | *The current research aims to evaluate the effect of consequence decisions related to the COVID-19 pandemic on the level of psychological and social stresses for citizens and residents in the Kingdom of Saudi Arabia. This study is accomplished and reviewed concerning all the Saudi decisions related to this epidemic until the date of this research on 12/2020. To study the extent of the impact of these decisions on all the citizens andresidents who live in Saudi Arabia in terms of psychological, social, and the extent of their relief from their sense of pressure. The most important of these decisions determined in alleviating the psychological and social pressures that accompanied withCOVID-19 and the ensuing loss of life, business, or closures of institutions. The research tool: The researchers usedan electronic questionnaire as a research tool.The researchers designed special measures that contain paragraphs to invistigate the relative contribution of the decisions related to the COVID-19 pandemic and the executive measures to alleviate the pressures of the epidemic as a psychological and social benefit for the Citizens and residents. Research Sample: A random sample of 500 citizens and residents in the Kingdom of Saudi Arabia.*<br>*The results indicate to:*<br>*-        A high level of satisfaction with the implementation of decisions related to the COVID-19 pandemic among the people of research sample.*<br>*-        The high level of psychological pressures provided to the sample. Also, its dimensions (psychological stress,depression,phobia) are high level.*<br>*-        The high level of social pressures provided to the sample. Also, its dimensions (social isolation- family relationship disorder- social and occupational safety) are high level.*<br>*-        There is a statistically significant positive correlation between COVID-19 decisions and psychological pressures with its dimensions (depression, phobia) among the people of research sample.*<br>*-        There is no statistically significant correlation between the degree of implementation of Covid 19 decisions and the degree of stress dimension (from psychological pressure) and the dimension of social isolation (from social pressure) for the the  people of research sample.* |

## 1. Introduction

The coronavirus (COVID-19) has infected some individuals in China, specifically in Wuhan Province. The symptoms began to show to the world as a fatal epidemic. Therefore, China officially announced the epidemic declaration on 1/11/2020. Due to its transmission among countries of the world at a rapid rate, the World Health Organization (WHO) characterized it as a pandemic on 3/11/2020. The danger that characterized COVID-19 was its especial transmission from one individual to hundreds and the consequence number of deaths. A worldwide controversy arose over the interpretation of its causes and treatment, but people took precautionary and medical measures into accounts. (Abu-Aisha. 2020).

The ongoing COVID-19 pandemic has raised up new challenges for society in general and for the health system especially. Further challenge is such as the strengthened barriers to the well-being of the population. During the existence of the human beings, the mankind has repeatedly faced several large outbreaks of various infectious diseases, and the number of people dying from these diseases was equal to the number of lives lost in wars. Over the backdrop of the growing economic crisis and the many uncertainties associated with the pandemic, the mental health crisis intensifies, significantly. This crisis to one degree or another applies to all countries without exception, and especially countries with low economic development. (Nadiia Kalashnyk et al, 2020)

The COVID-19 pandemic has resulted in a set of life pressures on members of societies. More than seventeen million people lost their jobs, which led to an increase in the level of unemployment. Also, low-

income people are affected as they become more vulnerable (Coyne, L. W., Gould, E. R., Grimaldi, M., Wilson, K. G., Baffuto, G., & Biglan, A, 2020).

TheCOVID-19 pandemic has caused the largest education interruption in history. It has a near-universal impact on learners and educators around the world, from preprimary education to secondary schools, technical education and training institutions, universities, adult learning, and skills development facilities. The ninety-four percentage of the global science seekers has been affected by the pandemic. This represents 1.58 billion children and youth, from the preprimary education to higher education, in two hundred countries (UNDP, 2020). This led to a sudden and unprecedented change that affected the way people live in all countries of the world. This resulted in anxiety, burning, and uncertainty about the future. (Flebig, J, Gould, E, Ming, S & Watson, R, 2020).

It has been mentioned in a recent published report entitled "*The greatest need was to be listened to: The importance of adapting mental health and psychosocial support during COVID-19*" by psychological health specialists from the Red Cross and Red Crescent that the crisis created by the COVID-19 pandemic has been highlighted in the field of mental health and psychosocial support for virus victims. It has been found that the pandemic exacerbated the psychological distress of thousands of people. The combined effects of lockdown restrictions, lack of social interaction, and economic pressures have dealt blows to people's psychological health and their access to health care. A recent survey by IPSOS company in seven countries commissioned by the International Committee showed this increased psychological distress in communities. It was found that:

- 51% of adults say that the COVID-19 pandemic has negatively affected their mental health,
- Nearly two-third of the study participants from the seven countries agree that attention to mental and physical health is more important now than it was before the COVID-19 crisis,
- Almost three in four respondents believe that front-line workers and first responders to the COVID-19 pandemic need more mental health support than the normal person.(BBC Arabic, 2020).

The COVID-19 pandemic has contributed to multiply anxiety and fears for people who tend to feel anxious. Even after the pandemic subsides, some feels excessive anxiety, fearing the emergence of another strain of the virus. Psychologists fear the spread of chronic loneliness or lack of purpose in life due to social distancing implementations during the pandemic. As social distancing has forced some to turn away from much of their acquaintances, they may find it difficult to restore their relationships with their friends after the pandemic subsides. As for those who voluntarily withdrew from the outside world and turned to themselves in search of safety in their own world, they may find it difficult to get out of isolation and socialize with others. (BBC Arabic, 2020).

It has been found in (Shanafeit, R & Trockel, M,2020) that many families suffer from high levels of anxiety, especially parents who have lost their jobs and are experiencing financial hardship. This produced a very difficult challenge of joining their children and families and thus to respond to them. They suffer from sleep difficulties, loss of appetite, and difficulty coping with the current reality. Also, social distancing made them feel lonely, and their children also felt it.

A study presented by Al-Feki, & Abul-Fotouh (2020) was conducted on seven hundred and forty-six students from Egyptian universities (governmental and private). This study found that boredom was one of the most common psychological problems that university students suffered from today. The university students also suffered from a moderate degree of other psychological problems, and statistically significant differences were found in psychological problems due to the variables of gender and chronological age. While there were no statistically significant differences due to the environment variable.

Some important points were confirmed by a recent study reported in (Abu-Aisha. 2020) and conducted on 300 respondents, including 173 from the Arab world (Palestine, Saudi Arabia, and Egypt), and 127 from some foreign countries (Canada, France, and Germany). First, there is a high level of social support and emotional reassurance in the two environments with their increase in the Arab environment more than foreign. Second, social support contributed to the prediction of emotional reassurance in the two environments, with its rise in the foreign environment. Third, there is a presence of an average level of pathological fears with the Arab environment, and high with the foreign environment. However, social support did not contribute to predicting the pathological fears among the Arab environment, while contributing to the prediction of pathological fears in the foreign environment.

When the COVID-19 pandemic began to appear in the Arab world in general and in the Kingdom of Saudi Arabia in particular (March 2, 2020), the Kingdom began to take urgent and proactive decisions at the highest levels to limit its spread and reduce the cases affected by it as much as possible. The extent of fruitful cooperation between the government, with its decisions, and the citizens and residents of the Kingdom, in adhering to these decisions. This was achieved despite the suffering that accompanies them for all, on the basis that the public interest overcomes all interests, and everyone's eagerness to cooperate to achieve the same goal that is protecting the kingdom from this epidemic.

Despite the great challenges and extreme difficulties that the Kingdom of Saudi Arabia faced concerning the COVID-19 pandemic, like all countries of the world, the initiatives, decisions, and precautionary actions launched by the Kingdom's government had a great impact in mitigating the repercussions of the pandemic. It helped reduce the spread of the virus and provided all medical needs for all its citizens and residents, in conjunction with those decisions and implementations. For example, the Kingdom allocated about 47 billion SR to support the health sector, as well as allocating about 130 billion SR to support the private sector and individuals. (Council of Saudi chambers, 2020)

The Kingdom of Saudi Arabia has taken the threat of the new Coronavirus, seriously. Rapid and robust response to slow its spread in the Kingdom and the wider Middle East. Since then, the kingdom has expanded restrictions on the movement of citizens and residents and enacted strict social distancing policies. Curfew was implemented across the country. It banned the travel between the kingdom's thirteen provinces and its major urban areas. Mosques, schools, universities, cinemas, shopping centers, restaurants, and other public places were closed. It suspended international and domestic flights. These concerns were taken throughout the holy month of Ramadan. (Freddie Neve.2020)

The Kingdom has implemented a set of precautionary procedures to face the Corona pandemic. These helped mitigate the pressures and fears of Saudis and residents in the Kingdom. Also, they helped limit the spread of the virus and preserve the health of Saudis and residents. The most important of these procedures, which has a clear impact on the study sample, are:

1- The kingdom restricted the movement of Saudis and enacted strict social distancing policies. Curfews imposed across the country. And it has banned travel between the kingdom's thirteen governorates and its major urban areas. Mosques, schools, universities, cinemas, shopping malls, restaurants and other public places have been closed. International and domestic flights have been halted. (Freddie Neve, 2020)

2- The kingdom has recognized the pressures that its fight against COVID-19 takes place on the Saudis and the companies. HM Salman pledged to ensure the provision of medicines to every resident and citizen. As well as food and necessities during a pandemic. (Khalid, 2020A)

3- On March 5, the Kingdom of Saudi Arabia announced a temporary suspension of entry for Muslims wishing to perform Umrah at the Grand Mosque in Makkah or visit the Prophet's Mosque in Medina. More precautionary procedures have been taken regarding the safety of Islamic holy sites. Including the daily temporary closure of the Grand Mosque for sterilization purposes. (Wikipedia, 2020)

4- HM Salman pledged to provide food for every resident and citizen. As well as medicine and necessities during a pandemic.

5- The Kingdom launched a new application called "Tetamman" (means "Make sure you are alright") that provides citizens and residents with test results and informs them if they have been in contact with infected people. (Ministry of Health - Media Center, 2020).

6- Free health care has been provided to all residents of the Kingdom infected with the Coronavirus. This includes migrant workers and people who violate their residence permits. They have sent healthcare teams to conduct tests in immigrant areas. (Arab News, 2020)

7- Five days before the confirmation of the first case of corona virus infection in Saudi Arabia, entry to individuals seeking to perform Umrah in Makkah or visiting the Prophet's Mosque in Medina was suspended. Refunds were available to everyone who bought Umrah visas (BBC, 2020)

8- Although international flights have stopped, Saudi Arabia has worked with other countries to facilitate the safe return of people to their homes. (Freddie Neve.2020)

9- The Kingdom of Saudi Arabia has increased the provision of distance learning across the country. There are now twenty live broadcast channels operating through the National Education Portal. As of early May, 1.4 million university students have taken more than 223,000 remote exams. (Khalid, 2020B)

The research focuses on three psychological pressures (anxiety and stress, depression, and fear) and three social pressures (social isolation, family relationship disorder, and separation).

**The importance of research**

The research is interested to shed light on the relationship between decisions related to the COVID-19 pandemic and the level of psychological and social stresses among citizens and residents of the Kingdom of Saudi Arabia as discussed as follows.

1. Determine the psychological and social pressures suffered by the Citizens and residents.

2. Clarify the prominent role that the Saudi government plays in relieving citizens and residents.

3. Promote national values belonging and national satisfaction of everyone who resides in the Kingdom of Saudi Arabia.

4- Inventory and compilation decisions related to the COVID-19 pandemic and study its relationship to the psychological and social stresses of the Corona epidemic.

5- Designing a measure of psychological stress resulting from the Corona crisis, which can be used later to measure psychological pressures resulting from crises and disasters in general.

6- Designing a measure of social pressures resulting from the Corona crisis, which can be used later to measure psychological pressures resulting from crises and disasters in general.

The research aimed to shed light on the relationship between decisions related to the COVID-19 pandemic and the level of psychological and social stresses among citizens and residents of the Kingdom of Saudi Arabia. **Research tools:** The researchers designed special measures that contain paragraphs to measure the relationship between decisions related to the COVID-19 pandemic and the psychological and social pressures of citizens and residents.

## 2. Materials and Methods

### 2.1. Participants and Data Collection:

The study sample in the current research consisted of 500 Citizens and residents on the territory of the Kingdom consideringmale and female of different ages.The information was collected through the internet by publishing the questionnaire link on social media, universities, schools, and various social and professional groups. Who are living through this first confinement of the coronavirus epidemic COVID-19 in Saudi Ariba?According to the nationality variable. our **sample** includes 264 citizensrepresenting 52.8 % and 236 residents representing 47.2% of the total sample.

### 2.2. Statistics descriptive of the two research samples on research variables

To verify that the research sample's scores are normally distributed on the research variables, the means, standard deviations, medians, mode, and skewness coefficients were calculated for the main study sample (citizens and residents) and the results were as shown in Table (1). This table shows that all values of the mean are higher than standard deviations, and the skewness values are close to zero, in addition to the close values of the mean and median of both samples. This indicates the small size of the variance between the respondents'scores on research variables and that the variables' scores are close to the normal distribution of the two research samples.

**Table (1): Descriptive statistics of the research sample on research variables(N=500).**

| Variables | | Descriptive statistics | | | | |
|---|---|---|---|---|---|---|
| | | Mean | Median | Mode | Standard Deviation | Skewness |
| All sample= 500 | Psychological stress | 16.44 | 16.00 | 16.00 | 3.71 | 0.004 - |
| | Depression | 18.37 | 18.00 | 18.00 | 3.42 | 0.382 - |
| | Phobia | 19.72 | 20.00 | 21.00 | 3.53 | 1.00 - |
| | psychological pressures | 54.54 | 55.00 | 59.00 | 8.23 | 0.267 - |
| | Social isolation | 18.75 | 19.00 | 16.00 | 3.53 | 0.166 - |
| | Family relationship disorder | 17.93 | 18.00 | 18.00 | 3.29 | 0.133 - |
| | Social and occupational safety | 21.19 | 22.00 | 25.00 | 3.80 | 1.50 - |
| | psychological pressures | 57.89 | 58.50 | 54.00 | 7.15 | 0.842 - |
| | COVID-19 decisions | 88.38 | 91.00 | 94.00 | 7.47 | 1.6 - |

### 2.3. The Method

In this study, the descriptive survey is used by design a scale with the sample 500 citizens and residents.Thus, the electronic questionnaire includes items to determine the relationship between decisions related to the COVID-19 pandemic and the psychological and social stresses of citizens and residents. These were statistically analyzed by the SPSS program version 22 (SPSS Inc. Chicago. IL. USA). Then, the stage of scientific description came, which is related to the significance of the indicators of the questionnaire items. Therefore, the data were collected using an online questionnaire from citizens and residents. Knowing that it was based on random selection, and the statistical approach was used to describe the results and their analysis.

### 2.4. Tools (Electronic Questionnaire)

The researchers prepared an electronic questionnaire that included two basic dimensions. Firstly, the psychological pressure and social pressure scales had two considerations.The first one included psychological pressures such as psychological stress, depression, and Phobia. The second one included social pressures concerning social isolation, family relationship disorder, and social safety. Secondly,a measure of the decisions related to the COVID-19 pandemic, taken by the Saudi government and committed by citizens and residents.The questionnaire includes the following sections:

- Psychological pressures: Q 1-15.

- Social pressures:Q 16-30.
- Decisions related to the COVID-19 pandemic: Q 1-19.

The electronic questionnaire consisted of 30 items that measure the psychological and social pressures after a graded scale that includes three responses from which the respondent chooses one answer (Disagree - Neutral - Agree).

## 2.5. The Reliability of the Questionnaire

In this section, the psychometric properties for the scale of COVID-19 decisions are evaluated and discussed as follows.

### 2.5.1. Internal Consistency

The internal consistency of the scale of decisions related to the COVID-19 pandemic was calculated as an indication of the integrity of the test structure using Pearson's Correlation Coefficient. To find the correlation between the item score and the overall score of the scale,the results are as shown in Table (2):

**Table (2) Correlation coefficients between item score and the overall score of the scale (N=100).**

| Items | Corrected Item-Total Correlation | Items | Corrected Item-Total Correlation |
|---|---|---|---|
| VAR0001 | .468** | VAR00010 | .727** |
| VAR0002 | .611** | VAR00011 | .754** |
| VAR0003 | .745** | VAR00012 | .776** |
| VAR0004 | .545** | VAR00013 | .777** |
| VAR0005 | .664** | VAR00014 | .626** |
| VAR0006 | .568** | VAR00015 | .819** |
| VAR0007 | .665** | VAR00016 | .543** |
| VAR0008 | .647** | VAR00017 | .727** |
| VAR0009 | .497** | VAR00018 | .722** |

** All values are significant at (0.01).

The results indicated that all items were significantly correlated at the level (0.01) between the items' scores and the overall score of the scale, which are those items agreed upon.

### 2.5.2. Discriminant Validity

The discriminant validity was used for each item of the scale of various decisions related to the COVID-19 pandemic through calculating the highest quartile and the lowest quartile for the piloting sample. Then the t-test was used to indicate the differences for each item and to verify the item is capability to distinguish between the upper group and the lower group in the security decision implementation variable as in Table (3) that shows the results of discriminant validity:

**Table (3) Discriminant validity for COVID-19 decisions scale(N=100).**

| Variable | Groups | Items | Mean | T | Sig |
|---|---|---|---|---|---|
| COVID-19 decisions | Lower | 1 | 2.066 | 2.559 | 0.01 |
| | Upper | | 3.055 | | |
| | Lower | 2 | 2.466 | 3.997 | 0.00 |
| | Upper | | 3.944 | | |
| | Lower | 3 | 1.600 | 3.191 | 0.00 |
| | Upper | | 2.888 | | |
| | Lower | 4 | 2.800 | 4.457 | 0.00 |
| | Upper | | 4.500 | | |
| | Lower | 5 | 2.6667 | 3.021 | 0.00 |
| | Upper | | 3.8333 | | |
| | Lower | 6 | 1.5333 | 3.911 | 0.00 |
| | Upper | | 3.1667 | | |
| | Lower | 7 | 1.6000 | 3.554 | 0.00 |
| | Upper | | 3.0556 | | |
| | Lower | 8 | 1.9333 | 4.089 | 0.00 |
| | Upper | | 3.7222 | | |
| | Lower | 9 | 2.4667 | 2.532 | 0.01 |
| | Upper | | 3.5000 | | |
| | Lower | 10 | 2.4667 | 3.273 | 0.00 |

| | | | | |
|---|---|---|---|---|
| Upper | | 3.8333 | | |
| Lower | 11 | 2.2667 | 3.335 | 0.00 |
| Upper | | 3.6111 | | |
| Lower | 12 | 2.0000 | 4.147 | 0.00 |
| Upper | | 3.6111 | | |
| Lower | 13 | 2.4667 | 3.970 | 0.00 |
| Upper | | 4.1111 | | |
| Lower | 14 | 2.6000 | 2.608 | 0.01 |
| Upper | | 3.5556 | | |
| Lower | 15 | 2.6000 | 3.753 | 0.00 |
| Upper | | 3.9444 | | |
| Lower | 16 | 2.1333 | 2.657 | 0.01 |
| Upper | | 3.3333 | | |
| Lower | 17 | 1.9333 | 4.065 | 0.00 |
| Upper | | 3.8889 | | |
| Lower | 18 | 2.6000 | 2.719 | 0.01 |
| Upper | | 3.722 | | |

** All values are significant at (0.01).

As shown in Table (3), all the t-test values came at the level (0.01) for all items. It indicates that all items can distinguish between the lowest and the highest quartiles on the scale of implementing COVID-19 decisions ensuring the discriminant validity of the scale and suitability for the use.

### 2.5.3. Scale Reliability
The reliability of the scale of COVID-19 decisions was calculated using Cronbach's alpha coefficient as shown in Table (4):

**Table (4) Scale Reliability for COVID-19 decisions scale(N=100).**

| Variable | No. of Items | Cronbach's Alpha |
|---|---|---|
| COVID-19 decisions | 18 | 0.933 |

This table shows that the reliability coefficient of the scale of COVID-19 decisions implementation came high, which indicates that the scale has a high degree of reliability.

### 2.6. Psychometric properties for the scale of Psychological pressures
#### 2.6.1. Internal Consistency
The internal consistency of the scale of Psychological pressureswith its various dimensions was calculated as an indication of the integrity of the test structure using Pearson's Correlation Coefficient. It was to find the correlation between the item score and the overall score of the scale. The corresponding results are as shown in Tables (5) and (6).

**Table (5) Correlation coefficients between item score and the overall score of the scale: (N=100)**

| Items | Dimensions | Corrected Item-Total Correlation | Items | Dimensions | Corrected Item-TotalCorrelation |
|---|---|---|---|---|---|
| VAR0001 | Psychological stress | .586** | VAR0006 | Phobia | .756** |
| VAR0002 | | .611** | VAR0007 | | .645** |
| VAR0003 | | .745** | VAR0008 | | .864** |
| VAR0004 | | .545** | VAR0009 | | .765** |
| VAR0005 | | .664** | VAR00010 | | .564** |
| VAR00011 | Depression | .568** | | | |
| VAR00012 | | .665** | | | |
| VAR00013 | | .647** | | | |
| VAR00014 | | .497** | | | |
| VAR00015 | | .727** | | | |

** All values are significant at (0.01)

**Table (6) Correlation coefficients between Dimensions score and the overall score of the scale (N=100)**

| Dimensions | Total score |
|---|---|

| | |
|---|---|
| Psychological stress | .743** |
| Depression | .873** |
| Phobia | .812** |

These results indicated that all items were significantly correlated at the level (0.01) between the items' scores and the overall score of the scale, which are those items that were agreed upon.

### 2.6.2. Discriminant Validity:

The discriminant validity was used for each item of the scale of Psychological pressures decisions through calculating the highest quartile and the lowest quartile for the piloting sample. Then, the t-test was used to indicate the differences for each item and to verify that the item can distinguish between the upper group and the lower group in the security decision implementation variabl as shown in Table (7):

**Table (7) Discriminant validity for Psychological pressures scale (N=100)**

| Variable | Groups | Items | Mean | T | Sig |
|---|---|---|---|---|---|
| Psychological stress | Lower | 1 | 3.5000 | 3.589 | 0.00 |
| | Upper | | 5.4375 | | |
| | Lower | 2 | 3.1250 | 6.244 | 0.00 |
| | Upper | | 5.1875 | | |
| | Lower | 3 | 2.6250 | 6.365 | 0.00 |
| | Upper | | 4.7500 | | |
| | Lower | 4 | 3.4375 | 2.329 | 0.01 |
| | Upper | | 4.5000 | | |
| | Lower | 5 | 2.8125 | 5.532 | 0.00 |
| | Upper | | 4.7500 | | |
| Depression | Lower | 6 | 2.9375 | 3.981 | 0.00 |
| | Upper | | 4.6875 | | |
| | Lower | 7 | 2.8750 | 4.111 | 0.00 |
| | Upper | | 4.6250 | | |
| | Lower | 8 | 2.5000 | 5.311 | 0.00 |
| | Upper | | 4.4375 | | |
| | Lower | 9 | 2.5000 | 4.490 | 0.00 |
| | Upper | | 4.6250 | | |
| | Lower | 10 | 2.5625 | 5.488 | 0.00 |
| | Upper | | 4.5625 | | |
| Phobia | Lower | 11 | 3.2500 | 2.733 | 0.01 |
| | Upper | | 4.6250 | | |
| | Lower | 12 | 2.5000 | 3.539 | 0.00 |
| | Upper | | 4.4375 | | |
| | Lower | 13 | 2.6875 | 5.284 | 0.00 |
| | Upper | | 5.2500 | | |
| | Lower | 14 | 2.7500 | 2.532 | 0.01 |
| | Upper | | 4.1250 | | |
| | Lower | 15 | 2.9375 | 4.143 | 0.00 |
| | Upper | | 4.7500 | | |

All values are significant at (0.01)

Table (7) shows the results of discriminant validity, all t-test values came at the level (0.01) for all items, which indicate that all items are able to distinguish between the lowest and the highest quartiles on the scale of implementing Psychological pressures. indicating the discriminant validity of the scale and suitability for use.

### 2.6.3. Scale Reliability:

The reliability of the scale of Psychological pressures with its various dimensions was calculated through using Cronbach's alpha coefficient as shown in Table (8):

**Table (8) Scale Reliability for Psychological pressures scale (N=100).**

| Variable | N of Items | Cronbach's Alpha |
|---|---|---|
| Psychological stress | 5 | 0.854 |

| Depression | 5 | 0.910 |
|---|---|---|
| Phobia | 5 | 0.892 |
| psychological pressures | 15 | 0.933 |

Table (8) shows that the reliability coefficient of the scale of Psychological pressures implementation came high, which indicates that the scale has a high degree of reliability.

### 2.7. Psychometric properties for the scale of Social pressures

#### 2.7.1. Internal consistency

The internal consistency of the scale of **Social pressures** with its various dimensions was calculated as an indication of the integrity of the test structure. through using Pearson's Correlation Coefficient. so as to find the correlation between the item score and the overall score of the scale. The corresponding results are shown in Tables (9) and Table (10):

**Table (9) Correlation coefficients between item score and the overall score of the scale (N=100)**

| Items | dimensions | Corrected Item-Total Correlation | Items | dimensions | Corrected Item-Total Correlation |
|---|---|---|---|---|---|
| VAR0001 | Social isolation | .684** | VAR0006 | Social and occupational safety | .654** |
| VAR0002 | | .576** | VAR0007 | | .736** |
| VAR0003 | | .756** | VAR0008 | | .584** |
| VAR0004 | | .575** | VAR0009 | | .695** |
| VAR0005 | | .678** | VAR00010 | | .682** |
| VAR00011 | Family relationship disorder | .856** | | | |
| VAR00012 | | .732** | | | |
| VAR00013 | | .543** | | | |
| VAR00014 | | .564** | | | |
| VAR00015 | | .623** | | | |

All values are significant at (0.01)

**Table (10) Correlation coefficients between Dimensions score and the overall score of the scale**: (N=100)

| Dimensions | Total score |
|---|---|
| Social isolation | .743** |
| Family relationship disorder | .873** |
| Social and occupational safety | .812** |

Results indicated that all items were significantly correlated at the level (0.01) between the items' scores and the overall score of the scale, which are those items that were agreed upon.

#### 2.7.2. Discriminant Validity

The discriminant validity was used for each item of the scale of Social pressures decisions through calculating the highest quartile and the lowest quartile for the piloting sample. and then the t-test was used to indicate the differences for each item and to verify that the item is able to distinguish between the upper group and the lower group in the security decision implementation variable as in table (11):

**Table (11) Discriminant validity for Social pressures scale (N=100)**

| Variable | Groups | Items | Mean | T | Sig |
|---|---|---|---|---|---|
| Social isolation | Lower | 1 | 3.5000 | 3.589 | 0.00 |
| | Upper | | 5.4375 | | |
| | Lower | 2 | 3.1250 | 6.244 | 0.00 |
| | Upper | | 5.1875 | | |
| | Lower | 3 | 2.6250 | 6.365 | 0.00 |
| | Upper | | 4.7500 | | |
| | Lower | 4 | 3.4375 | 2.329 | 0.01 |
| | Upper | | 4.5000 | | |

| | | | | | |
|---|---|---|---|---|---|
| | Lower | 5 | 2.8125 | 5.532 | 0.00 |
| | Upper | | 4.7500 | | |
| Family relationship disorder | Lower | 6 | 2.9375 | 3.981 | 0.00 |
| | Upper | | 4.6875 | | |
| | Lower | 7 | 2.8750 | 4.111 | 0.00 |
| | Upper | | 4.6250 | | |
| | Lower | 8 | 2.5000 | 5.311 | 0.00 |
| | Upper | | 4.4375 | | |
| | Lower | 9 | 2.5000 | 4.490 | 0.00 |
| | Upper | | 4.6250 | | |
| | Lower | 10 | 2.5625 | 5.488 | 0.00 |
| | Upper | | 4.5625 | | |
| Social and occupational safety | Lower | 11 | 3.2500 | 2.733 | 0.01 |
| | Upper | | 4.6250 | | |
| | Lower | 12 | 2.5000 | 3.539 | 0.00 |
| | Upper | | 4.4375 | | |
| | Lower | 13 | 2.6875 | 5.284 | 0.00 |
| | Upper | | 5.2500 | | |
| | Lower | 14 | 2.7500 | 2.532 | 0.01 |
| | Upper | | 4.1250 | | |
| | Lower | 15 | 2.9375 | 4.143 | 0.00 |
| | Upper | | 4.7500 | | |

All values are significant at (0.01)

Table (11) shows the results of discriminant validity. The results shown in table (11) clear that all t-test values came at the level (0.01) for all items, which indicates that all items are able to distinguish between the lowest and the highest quartiles on the scale of implementing Social pressures indicating the discriminant validity of the scale and suitability for use.

### 2.7.3. Scale Reliability
The reliability of the scale of Social pressureswith its various dimensions was calculated through using Cronbach's alpha coefficient as shown in Table (12):

**Table (12) Scale Reliability for Social pressuresscale(N=100)**

| Variable | N of Items | Cronbach's Alpha |
|---|---|---|
| Social isolation | 5 | 0.854 |
| Family relationship disorder | 5 | 0.910 |
| Social and occupational safety | 5 | 0.892 |
| psychological pressures | 15 | 0.933 |

Table (12) shows that the reliability coefficient of the scale of Social pressuresimplementation came high. which indicates that the scale has a high degree of reliability.

## 3. Statistical Analysis
### 3.1. What is the level of psychological pressures with its two dimensions to the sample?
To answer this question, the researchers used the one sample t-test to compare the hypothetical mean and the true mean to identify the level of psychological pressures with its two dimensions as in table (13):

**Table (13) Results of the level of psychological pressures with its dimensions (N=500).**

| Dimension | Hypothetical mean | True mean | Standard Deviation | T-value | Sig. | Level |
|---|---|---|---|---|---|---|
| Psychological stress | 15 | 16.44 | 3.71 | 8.70 | 0.000 | High3 |
| Depression | 15 | 18.37 | 3.42 | 21.99 | 0.000 | High2 |
| Phobia | 15 | 19.72 | 3.53 | 29.90 | 0.000 | High1 |
| psychological pressures | 45 | 54.54 | 8.23 | 25.91 | 0.000 | High |

Table (13) shows the results of concerning this question, and it is evident that:
- There are statistically significant differences between the real mean and the hypothetical mean of the research sample on psychological pressures with its two dimensions in favor of the true mean. This

indicates that the level of the research sample on the psychological pressure's variable with its dimensions (psychological stress,depression,phobia) is high.

- The hypothetical mean of the Psychological stress dimension is (15), (16.44) real mean, (3.71) standard deviation, and the t-value of the difference between the two means is (8.70). This value is significant at the level of (0.01) which indicates that the level of Psychological stress provided to the sample is high.

-The hypothetical mean of the Depression dimension is (15), with a real mean (18.37), (3.42) standard deviation, and the t-value of the difference between the two means is (21.99), which is a significant value at the level of (0.01). This points out a high level of Depression provided to the sample.

-The hypothetical mean of the Phobia dimension is (15), with a (19.72) real mean, (3.53) standard deviation, and the t-value of the difference between the two means is (29.90). This value is significant at the level of (0.01) which indicates that the level of Phobia provided to the sample is high.

- The hypothetical mean of psychological pressures is(45), with a (54.54) real mean, (8.23) standard deviation, and the t-value of the difference between the two means is (25.91). This value is significant at the level of (0.01), which means an increase in the level of psychological pressures provided to the sample is high.

### 3.2. What is the level of Social pressures with its two dimensions to the sample?

To answer this question, the researchers used the one sample t-test to compare the hypothetical mean and the true mean to identify the level of Social pressures with its two dimensions among the sample as in table (14):

**Table (14) Results of the level of Social pressures with its dimensions among the sample (N=500)**

| Dimension | Hypothetical mean | True mean | Standard Deviation | T-value | Sig. | Level |
|---|---|---|---|---|---|---|
| Social isolation | 15 | 18.75 | 3.53 | 23.75 | 0.000 | High2 |
| Family relationship disorder | 15 | 17.93 | 3.29 | 19.91 | 0.000 | High3 |
| Social and occupational safety | 15 | 21.19 | 3.80 | 36.43 | 0.000 | High1 |
| Social pressures | 45 | 57.89 | 7.15 | 40.28 | 0.000 | High |

Table (14) shows the results of this question and it is evident that:

-There are statistically significant differences between the real mean and the hypothetical mean of the research sample on Social pressures with its two dimensions in favor of the real mean. This means that the level of the research sample on the variable of Social pressures with its dimensions is high.

-The hypothetical mean of the Social isolation dimension is (15), with a (18.75) real mean, a (3.53) standard deviation, and the t-value of the difference between the two means is (23.75). This value is significant at the level of (0.01), which indicates the high level of Social isolation provided to the sample.

-The hypothetical mean of the Family relationship disorder dimension is (15), with a (17.93) real mean, a (3.29) standard deviation, and the t-value of the difference between the two means is (19.91). This is significant at the level of (0.01). This points out the high level of Family relationship disorder provided to the sample.

- The hypothetical mean of Social and occupational safety dimension is (15), with a (21.19) real mean, (3.80) standard deviation, and the t-value of the difference between the two means is (36.43). This is significant at the level of (0.01). This indicates the high level of Social and occupational safety provided to the sample.

- The hypothetical mean of Social pressures as a whole is (45), with a (57.89) real mean, (7.15) standard deviation, and the t-value of the difference between the two means is (40.28). This is significant at the level of (0.01). This indicates the high level of Social pressures provided to the sample.

### 3.3. What is the level of effectCOVID-19 decisions with its dimensions among the sample?

To answer this question, the researchers used the one sample t-test to compare the hypothetical mean and the true mean to identify the level of effect COVID-19 decisions with its dimensions among the sample as in table (15):

**Table (15) Results of the COVID-19 decisionslevel with its dimensions among the sample (N=500)**

| E | Hypothetical mean | True mean | Standard Deviation | T-value | Sig. | Level |
|---|---|---|---|---|---|---|
| COVID-19 decisions | 54 | 88.38 | 7.47 | 102.91 | 0.000 | High |

Table (15) shows the results of this question. It is evident from Table (15) that:
- There are statistically significant differences between the real mean and the hypothetical mean of the research sample on the COVID-19 decisions variable favor of the true mean. This points out the high level of the effect of the COVID-19 decisions variable on the research sample.
- The hypothetical mean of COVID-19 decisions is (54), with a (88.38) real mean, (7.47) standard deviation, and the t-value of the difference between the two means is (102.91). This is a significant value at the level of (0.01). This indicates the high level of the effect of the COVID-19 decisions among the sample.

### 3.4. Is there a statistically significant correlation between COVID-19 decisions and psychological pressures with its dimensions among the sample?

To answer this question, the Parson-correlation coefficient was calculated between the scores of the research sample on the scale of COVID-19 decisions, and their scores on the scale of psychological pressures with its dimensions among the sample as in table (16):

**Table (16). Parson-correlation coefficient between scores of research sample on COVID-19 decisionsscale and their scale scores of psychological pressures with its dimensions among the sample (N=500)**

| Dimensions | psychological pressures | | | |
|---|---|---|---|---|
| | Psychological stress | Depression | Phobia | psychological pressures |
| COVID-19 decisions | 0.059 | **0.215 | **0.381 | **0.280 |

** All correlation values are significant at level (0.01)

Table (16) shows the results of this question as follows:
- There is a statistically significant positive correlation at the level (0.01) between COVID-19 decisions and psychological pressures with its dimensions (depression and phobia) among the sample.
- There is not a statistically significant correlation between COVID-19 decisions and Psychological stress among the sample.

### 3.5. Is there a statistically significant correlation between COVID-19 decisions and Social pressures with its dimensions among the sample?

To answer this question, the Parson-correlation coefficient was calculated between the scores of the research sample on the scale of COVID-19 decisions and their scores on the scale of Social pressures with its dimensions among the sample as in table (17):

**Table (17) Parson-correlation coefficient between research sample scores on the scale of COVID-19 decisions and their scores on the scale of Social pressures with its dimensions among the sample (N=500)**

| Dimensions | Social pressures | | | |
|---|---|---|---|---|
| | Social isolation | Family relationship disorder | Social and occupational safety | Social pressures |
| COVID-19 decisions | 0.059 | **0.201 | **0.560 | **0.428 |

** All correlation values are significant at level (0.01)

Table (17) shows the results of this question as follows:
- There is a statistically significant positive correlation at the level (0.01) between COVID-19 decisions and Social pressures with its dimensions (Family relationship disorder. Social and occupational safety) among the sample.
- There is not a statistically significant correlation between COVID-19 decisions and Social isolation among the sample.

### 3.6. DoestheCOVID-19 decisions contribute to predicting psychological pressures among the sample?

To answer this question. Enter Regression analysis was used in a model that includes psychological pressures as a dependent variable. and the COVID-19 decisions variable as an independent variable. where the independent variable enters the basis of its correlation with the dependent variable among the sample. The results of the Enter Regression analysis came as shown in Table (18):

**Table (18) Contribution of COVID-19 decisions to predicting psychological pressures among the sample (N=500)**

| Independent variable | Dependent Variable | Multiple Correlation Coefficient (R) | Covariance (R2) | Contribution Ratio | Normal Regression Weight | Standardized Regression Coefficient BETA | F-value | T-value | Sig. Level | Constant Value |
|---|---|---|---|---|---|---|---|---|---|---|
| COVID-19 decisions | psychological pressures | 0.280 | 0.078 | %7.8 | 0.308 | 0.280 | 42.29 | 6.50 | 0.0 | 27.29 |

It is evident from Table (18) that the independent variable (COVID-19 decisions) contributed to the variance of the dependent variable (psychological pressures). The value of the multiple correlation between the two variables reached (0.280) and created a variance of (0.078) with a contribution ratio of approximately (7.8%) of the variance of the dependent variable (psychological pressures). Thus, it can be said that COVID-19 decisions contribute to predicting psychological pressures by (7.8%) among the sample. Based on the above, the regression equation indicating that the prediction can be as follows:

**psychological pressures = *(0.308)* COVID-19 decisions + *27.29***

**3.7. DoesCOVID-19 decisions contribute to predicting Social pressures among the sample?**

To answer this question,EnterRegression analysis was used in a model that includes Social pressures as a dependent variable, and the COVID-19 decisions variable as an independent variable.The independent variable enters the basis of its correlation with the dependent variable among the sample. The results of the Enter Regression analysis came as shown in Table (19).

**Table (19) Contribution of COVID-19 decisions to predicting Social pressures among thesample (N=500)**

| Independent variable | Dependent Variable | Multiple Correlation Coefficient (R) | Covariance (R2) | Contribution Ratio | Normal Regression Weight | Standardized Regression Coefficient BETA | F-value | T-value | Sig. Level | Constant Value |
|---|---|---|---|---|---|---|---|---|---|---|
| COVID-19 decisions | Social pressures | 0.428 | 0.183 | %18.3 | 0.410 | 0.428 | 111.59 | 10.56 | 0.000 | 21.67 |

It is evident from Table (19) that the independent variable (COVID-19 decisions) contributed to the variance of the dependent variable (Social pressures). The value of the multiple correlation between the two variables reached (0.428) and created a variance of (0.183) with a contribution ratio of approximately (18.3%) of the variance of the dependent variable (Social pressures). Thus, it can be said that COVID-19 decisionscontribute to predicting Social pressures by (18.3%) among the sample. Based on the above, the regression equation indicating prediction can be as follows:

**Social pressures = *(0.410)* COVID-19 decisions + *21.67***

**3.8. Are there statistically significant differences with respect to the nationality variable (Citizens and Residents) on COVID-19 decisions variable?**

To verify the significance of the differences between the mean scores of both the sample on the nationality variable (Citizens and Residents) on the COVID-19 decisions, the t-test "Independent Samples Test" was used to show the differences between the means of two independent homogeneous groups that are not equal in number as in table (20):

**Table (20) Results of t-test for the statistically significant differences with respect to the nationality variable (Citizens and Residents) on COVID-19 decisions variable (N=500)**

| Sample | Dependent Variable | Mean | Standard Deviation | T-value | Degree of freedom | Sig. Level |
|---|---|---|---|---|---|---|
| Citizens | COVID-19 decisions | 90.46 | 6.08 | 6.90 | 498 | 0.00 |
| Residents | | 86.05 | 8.16 | | | |

Table (20) shows that there are statistically significant differences between the mean scores of the nationality variable (Citizens and Residents) sample on the COVID-19 decisions. As the mean of the Citizens sample is (90.46) with a (6.08) standard deviation; whereas, the mean of the Residents sample is (86.05), with a (8.16)

standard deviation, and the t- value is (6.90), which is significant at the (0.01) level at (498) degrees of freedom. This means that the Citizens sample received more COVID-19 decisions than the Residents sample did.

### 3.9. Are there statistically significant differences with respect to the nationality variable (Citizens and Residents) on psychological pressures variable?

In order to verify the significance of the differences between the mean scores of both the sample on the nationality variable (Citizens and Residents) on the psychological pressures, the t-test "Independent Samples Test" was used to show the differences between the means of two independent homogeneous groups that are not equal in number as in table (21):

**Table (21) Results of t-test for the statistically significant differences with respect to the nationality variable (Citizens and Residents) on psychological pressures variable (N=500)**

| Sample | Dependent Variable | Mean | Standard Deviation | T-value | Degree of freedom | Sig. Level |
|--------|-------------------|------|-------------------|---------|-------------------|------------|
| Citizens | psychological pressures | 55.45 | 7.99 | 2.63 | 498 | 0.01 |
| Residents | | 53.52 | 8.38 | | | |

T able (21) shows that there are statistically significant differences between the mean scores of the nationality variable (Citizens and Residents) sample on the psychological pressures. As the mean of the Citizens sample is (55.45) with a (7.99) standard deviation; whereas, the mean of the Residents sample is (53.52), with a (8.38) standard deviation, and the t- value is (2.63) which is significant at the (0.01) level at (498) degrees of freedom. This means that the Citizens sample received more psychological pressures than the Residents sample did.

### 3.10. Are there statistically significant differences with respect to the nationality variable (Citizensand Residents) on Social pressures variable

In order to verify the significance of the differences between the mean scores of both the sample on the nationality variable (Citizens and Residents) on the Social pressures, the t-test "Independent Samples Test" was used to show the differences between the means of two independent homogeneous groups that are not equal in number as in table (22):

**Table (22) Results of t-test for the statistically significant differences with respect to the nationality variable (Citizens and Residents) on Social pressures variable (N=500)**

| Sample | Dependent Variable | Mean | Standard Deviation | T-value | Degree of freedom | Sig. Level |
|--------|-------------------|------|-------------------|---------|-------------------|------------|
| Citizens | Social pressures | 58.72 | 6.42 | 2.77 | 498 | 0.01 |
| Residents | | 56.95 | 7.80 | | | |

. Table (22) shows that there are statistically significant differences between the mean scores of the nationality variable (Citizens and Residents) sample on the Social pressures. As the mean of the Citizens sample is (58.72) with a (6.42) standard deviation; whereas, the mean of the Residents sample is (56.95), with a (7.80) standard deviation, and the t- value is (2.77), which is significant at the (0.01) level at (498) degrees of freedom. This means that the Citizens sample received more Social pressures than the Residents sample did.

### 4. Discussions

The study is first concerned by the high level of psychological stress in its various dimensions among the research sample, with fear ranked first in these pressures, followed by psychological depression, and finally psychological tension.This result is logical and acceptable, as individuals have suffered from high psychological pressure in light of the COVID-19 invasion of countries, and the lack of clear and confirmed information about it and the methods of its spread, as well as due to the absence of a drug to treat it or a vaccine to prevent it, which made fear spread among members of society and increase the more the number (Abu-Aisha, 2020). Given the statistics, the date of preparing this research (30/12/2020), the number of COVID-19 infections in the world reached (84,1) million people, and the number of deaths (1,83) million people (Wikipedia, 2020).In the Kingdom of Saudi Arabia, the number of infections reached (362,979) people, and the deaths (6,239) people due to this epidemic (Elaph,2020).This situation certainly causes intense fear for all individuals and leads them to a feeling of psychological depression because of the absence of radical solutions to this pandemic in all countries of the world.

The study is secondly concerned by the high level of social pressures in its various dimensions among the research sample, with social and functional fear ranked first in these pressures, followed by social isolation, and

finally, disturbances in family relations.This result is considered consistent with the previous result, as the relationship between psychological and social pressures is close, and it is certain that in order for individuals to enjoy psychological stability and not suffer from psychological pressure, there must be a social life free from stress.Therefore, the relationship between psychological and social pressures is a direct relationship.It is natural for social and functional fear to be the most prevalent of these pressures due to individuals' fear of losing their jobs and their constant source of income in light of this pandemic, and their fear of their inability to meet the needs of their family members in the long term if the pandemic continues for a long time and they continue to be quarantined at home. Social isolation from social pressures suffered by individuals due to staying for long periods in homes as a result of curfews and home quarantine in order to curb the spread of this pandemic, which created many obstacles in personal communication with others such as family, friends and work colleagues, which made many feel alone psychologically. And social isolation from others, while trying to compensate for that, even in a weak way, through virtual reality in the Internet, and through forced constant communication. On him with family members who are present most of the time together, which created another problem, which is a disorder in family relations as a result of the long hours that family members deal with each other without finding opportunities for renewal and change in the daily routine of life.

Furthermore in this study, it has been found that the level of social pressure is higher than the level of psychological pressure.This is because the COVID-19 pandemic is a global community pandemic and does not concern an individual in his own right.However, all members of society suffer from its consequences, as they share in this suffering and the decisions that follow that affect all members of society, with the aim of reducing the number of injuries and preserving their health.

Concerning the high level of satisfaction with the implementation of COVID-19 decisions among the research sample, this is a logical and acceptable result, as all individuals in the Kingdom of Saudi Arabia lived the method of implementing COVID-19 decisions firmly and respectfully for individuals, regardless of their nationalities, with the aim of controlling the spread of COVID-19.This indicates the seriousness and integrity of the institutions that implement these decisions, and with awareness Individuals with the importance of adhering to these decisions and applying them in detail for their own personal interest and the interest of the society in which they live.

A positive statistically significant correlation relationship was found between the degree of implementation of COVID-19 decisions and the degree of psychological stress as a whole and the dimensions of (depression and Phobia ) in the research sample. Also, a positive statistically significant correlation relationship was found between the degree of implementation of COVID-19 decisions and the degree of social pressure as a whole and the dimensions of each of: (family relationship disorders, social and occupationalPhobia) in the research sample.This indicates the high confidence of individuals in officials in the various ministries within the Kingdom, their confidence in the validity of these decisions and in choosing the appropriate timing for their implementation, and the necessary and resolute measures to harvest the greatest benefit from them, which is controlling the COVID-19 pandemic and reducing the numbers infected with it. The positive impact of implementing special decisions has emerged. COVID-19 affects individuals through a decrease in psychological depression and fear, while remaining in varying proportions due to the continuation of the pandemic.

The researchers attributed the decrease in family relations disorders and social and functional fear to the beginning of presence in the workplace partly in some institutions and almost completely in other institutions with the application of safety measures such as spacing, wearing masks, sterilization and other precautionary measures, and many employees' orientation to their workplace has led to a feeling with job and social security, and their ability to continue to meet their family needs, the quarrels decreased due to the decrease in hours of direct contact between family members.

There was no statistically significant correlation between the degree of implementation of COVID-19 decisions and the degree of tension (from psychological pressure) and the dimension of social isolation (from social pressure) among the research sample.This is a natural thing in light of the continued presence of individuals for long hours in their homes, and stopping travel to and from the Kingdom except for specific cases and after taking strict measures to limit the transmission of the virus through travelers, stopping family visits and not going out to gardens as was the case before the pandemic, and not discharging the energy of children in Recreational activities as was the case before the pandemic, and this led to continuing psychological tension and a feeling of social isolation.

The relative contribution of COVID-19 decisions to predict social pressures by (18.3%) and psychological pressures by (7.8%) among the research sample.This confirms that the more the COVID-19 decisions taken were implemented, and the more members of society committed to them and their implementation (whether in the interest of the public interest or for fear of some penalties imposed on violators), the more predictable social and psychological pressures would be possible and available at reasonable rates.

The sample of Citizensis suffered from psychological and social pressures more than residents.This was  a somewhat strange result, but it is logical. The initial analysis of the image is that residents suffer from psychological and social pressures more than Citizens because they are not in their country of origin and

because many of them are far away from their families alone, but the researchers 'analysis goes that Citizens were more exposed to these pressures because Their presence in the same places as their families, with their inability to visit them and communicate with him personally, a feeling that generates a sense of helplessness, depression, fear, isolation and other pressures.

The availability of implementing COVID-19 decisions for a sample of Citizens is greater than implementing COVID-19 decisions for a sample of residents.The reason for this may be that a (somewhat) large percentage of resident's work in various fields that have been completely exempted from the ban, such as:

- Food sector (points of sale) such as supplies, supermarkets, vegetable, poultry and meat stores, bakeries, factories, and food factories.
- The health sector, such as pharmacies and the like, medical clinics (dispensaries), hospitals, laboratories, factories and laboratories of medical materials and devices.
- The media sector in its various means.
- The transport sector, such as transporting goods, parcels, customs clearance, warehouses, warehouses, logistics services, supply chains for the health sector, food sector, and port operation.
- E-commerce activities such as those working in electronic procurement applications for the excluded activities and those working in delivery applications for the excluded activities.
- Accommodation services activities such as hotels and furnished apartments.(Sky news. 2020)

## 5. Conclusions

According to the scores, obtained after the application of the electronic questionnaire that included two basic dimensions that are firstly, psychological pressure and social pressure scale and secondly,COVID-19 decisions scale.It was found that the decisions related to the COVID-19 pandemic get high level of among the sample. It was also found the high level of psychological stress in its various dimensions among the research sample, followed by psychological depression, and finally psychological tension. A positive statistically significant correlation relationship was found between the degree of implementation of COVID-19 decisions and the degree of social pressure as a whole and the dimensions of each of: (family relationship disorders, social and occupationalPhobia) in the research sample. There was no statistically significant correlation between the degree of implementation of COVID-19 decisions and the degree of tension (from psychological pressure) and the dimension of social isolation (from social pressure) among the research sample. The previous results indicatedthe positive effect to decisions related to the COVID-19 pandemic at the psychological and social pressures of Saudi Citizens and residents, and how they helped relieve stress and improve their psychological state.

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