

# The Reasons for Anxiety among Female University Employees

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**Abstract** Anxiety is always a critical component of a person's mental health in any given circumstance. Anxiety is a frightened state of mind that is triggered by events that are either frightening or stressful. This is a natural reaction to a potentially dangerous situation, but it could be a sign of an anxiety issue if it becomes overwhelming or if it continues. This study took a look at the female faculty members working in Danang's universities. Based on the analysis of the data, the study revealed three key points: causes of anxiety among female officers from an intimate relationship, children, and family (i); causes of anxiety among female officers connected to health and finances (ii); and female officers' coping mechanisms for anxiety (iii). At the University of Danang in Vietnam, 80.9% of the subjects were investigated in their roles as lecturers, 16.2% were examined in their roles as office workers, and 2.9% were examined in their roles as female office people. They had advanced to become heads of subjects, departments, or faculties at this point. The fact that these results are preliminary does not change the fact that they will serve as an essential basis for establishing measures to ease anxiety among female staff members, particularly those working in institutions.

**Keywords** Anxiety, Female Staffs, Intimacy Partners, Health, Finance

## 1. Introduction

An increasingly contemporary civilization includes various changes in people's lives, posing several mental health risks. It includes a variety of mental disorders, including stress, anxiety, sadness, phobias, paranoia, schizophrenia, and epilepsy... Anxiety is a natural occurrence, and it is common for people to experience it when confronted with life's challenges [19]. In the studies of Haggard [8] and Lazarus et al. [12], there is abundant evidence pertaining to the product of stress and its influence on anxiety-inducing behavior. Accordingly, Pichot [16] asserted that worry is just the fear of something vague or undefined. Judd et al. [10] found that anxiety is typically a vague, unpleasant, pervasive feeling of fear accompanied by physical abnormalities. Anxiety can be adaptive as an alarm signal that foretells an external or internal threat and elicits the initiation of necessary action [13]. Wiedemann [23] argued that anxiety comprises a variety of different emotional feelings, including apprehension, discomfort, tension, and agitation, which are partially connected with anxiety but also occur in other emotional states. Anxiety is a fundamental human emotion that prepares our bodies for "fight or flight" circumstances; anxiety is anticipatory; the dreaded event or circumstance has not yet occurred [20]. According to the American Psychiatric Association (APA), anxiety is a state of mind characterized by worry and tense body feelings in which a person anticipates imminent danger, tragedy, or

catastrophe [2].

Anxiety must derive from a complex interaction of genetic, biological, social, and psychological events and causes. Subjective, behavioral, and physiological characteristics all contribute to anxiety description. Feelings of fear and apprehension characterize anxiety, and its physiological symptoms include trembling, sweating, an elevated heart rate and blood pressure, as well as increases in muscle tone and skin conductance. Among the fundamental aspects are the genetic or biological disposition, the developmental and environmental impact on an individual, and acute stressors and experiences that test an individual and result in a variety of adaptive modifications. The body often mobilizes in reaction to a perceived threat: muscles tighten, breathing quickens, and the pulse rate increases [2]. Anxiety has been linked to a variety of health conditions, including stomach ulcers, autonomic abnormalities, and cardiovascular ailments. Moreover, prolonged exposure to high stress might result in anxiety disorders and depression. As a result, individuals experience psychological trauma, which negatively impacts their health and quality of life.

Anxiety is a scary state of mind triggered by frightening or stressful circumstances. This is a normal response to danger, but it may indicate an anxiety condition if it becomes overwhelming or lingers [5]. Anxiety disorders are described in DSM-V as conditions marked by excessive fear and anxiety and related behavioral abnormalities [1]. Sue et al. [20] stated that fear or anxiety could arise in the absence of danger, leading to an anxiety disorder. In addition, anxiety disorders are persistent, albeit of different severity, and one of the most common mental health illnesses in the United States. They may also result from the physiological effects of a medical condition, such as metabolic (e.g., vitamin B12 deficiency), endocrine (e.g., hyperthyroidism), cardiovascular (e.g., arrhythmia), respiratory (e.g., chronic obstructive pulmonary disease), or neurological (e.g., Parkinson's disease) disorder [2].

Anxiety and anxiety disorders impact people of all ages, but the risk of females feeling life, family, children, and work-related anxiety is quite high. Barlow and Cairns [3] reported that postpartum females were susceptible to a number of mental health problems. Nicolson [14] discovered that postpartum women were both joyous and difficult. It seems that childbirth caused stress, worry, emotions of helplessness, and isolation. They felt they were losing their independence, were unable to manage their time, and were consumed with caring for their children. Research on anxiety and sadness during pregnancy and childbirth was the largest research on female anxiety to date [22]. Anxiety was also linked to inappropriate Facebook usage [9].

In addition, female cadres, public workers, and staffs frequently experience unique worries [17]. According to the labor code regulations, the daily work hours for female office workers are eight hours. The working time of female

lecturers is mostly determined by the number of teaching times per week throughout each semester, writing essays and grading papers, conducting scientific research, and advising students in scientific research. Improving professional knowledge through additional study is a requirement at every level for office personnel. However, female professors at the University of Danang must upgrade their credentials for specified periods. There has been a lack of research on the anxiety of female staff, particularly at the University of Danang. This study assesses the anxiety levels of female staff; the findings will provide a solid scientific basis for developing coping strategies to enable female staff at the University of Danang to reduce their anxiety levels and enhance their quality of life. The research begins with a review of the relevant literature on staff anxiety. The second section presents a foundational framework for analysis, which includes the study methodology, findings, and discussion. The last section contains the conclusion.

## 2. Methods

### 2.1. Participants

Among the participants who participated in the study, 57.2% of the staff held master's degrees, 29.1% held bachelor's degrees, 12.6% were doctoral students, and only 1.2% were associate professors. 80.9% of the topics were lecturers, 16.2% were office employees, and 2.9% of the female office personnel were currently faculty, department, or subject heads. 35.3% of women in ministries earned less than 3 million Vietnam Dong per month, while 32.4% earned between 3 and 5 million Vietnam Dong per month. 77% of female staff consider their current health normal, while 12.4% consider it poor. 8.4% of employees assessed themselves to be healthy. The person who was born in 1961 and was the oldest was 53 years old, while the youngest was 23. (born in 1991). The average age of the participants was 36.8 years, with the majority being 35-year-old female high school staff. More staff under 35 participated than those over 35. (over 35). The greatest number of 27-year-old female staff participated in the poll.

### 2.2. Instrument

The quantitative survey instrument utilized in this investigation was the Self-rating Anxiety Scale, created by William Zung [24]. This anxiety scale consists of 20 questions, with the lowest score of 20 and the maximum score of 80, with five questions in reverse order (5,9,13,17,19). Specifically, a total score of 40 or more indicates an anxiety condition. The four levels of Zung's Anxiety Scale are Normal/Moderate Anxiety/Severe Anxiety/Extreme Anxiety. Cronbach's Alpha for the scale was 0.81, which is greater than 0.8, indicating that the scale's internal consistency was high [15]. This study also

employed qualitative research methods, notably in-depth interviews. This method was used to gather, supplement, examine, and clarify data obtained from other methods in order to objectively evaluate the severity, manifestations, causes, and effects of anxiety disorders. Among the interviewees are ten female staffs and three cadres of leaders. (1) Inquiring about the symptoms and causes of anxiety in female officials; (2) Inquiring about the impact

of anxiety and anxiety-reducing activities; and (3) For leaders, the question centered on orientation to assist female staff with anxiety. The report's quotes were extracted from the text following in-depth interviews. For consistency, include the following information in the report: the interviewee's abbreviated name, age, school, and occupation.

**Table 1.** Causes of anxiety in female staff from intimate partners, children, and family

<i>No.</i>	<i>Content</i>	<i>Mean of female staff participants with anxiety disorder</i>	<i>Mean of female staff participants</i>
<i>Intimacy partner issues</i>			
1	Husband/lover is too eager to work	2.36	1.35
2	There are conflicts and disagreements in life	1.88	1.34
3	The husband does not do the housework	2.35	1.29
4	Husband/lover is selfish	2.04	1.22
5	Husband/lover is patriarchal	1.80	1.21
6	Husband/lover has a lot of sexual needs	1.92	1.21
7	Husband/lover is playful (soccer/chess...)	2.04	1.09
9	Husband/lover addicted to stimulants (alcohol, beer, tobacco...)	1.92	0.89
10	Husband/lover doesn't respect yourself	1.68	0.81
11	Husband/lover is violent (actions and/or words)	1.60	0.55
12	Husband has a love affair	1.48	0.48
13	Stress because you don't have a husband/lover	2.60	0.96
<i>Children issues</i>			
1	Female staffs have difficulty teaching children	2.32	1.35
2	Female staffs lack time for children	2.00	1.29
3	Children are poor students	2.00	.87
4	Children disobey	2.00	1.15
5	Female staffs give birth to the same biological sex	1.58	.91
6	Children do not succeed	1.68	1.04
7	Female staffs don't have any children	1.32	.89
<i>Family issues</i>			
1	Parents-in-law are grumpy	1.40	.70
2	There is a conflict between the brothers and sisters on the husband's side	1.96	.97
3	There are conflicts with birth parents	2.00	.86
4	There are conflicts with siblings	1.93	.78
5	There are conflicts between relatives that are difficult to resolve	2.08	.82

### 3. Results

#### A. *The levels of anxiety in female staff at the University of Danang*

The anxiety level of female staff according to the Self-Rating Anxiety Scale of Zung showed that the percentage of female staff who frequently worried accounted for 7.17%. The number of sometimes anxious female staff made up 18.4%, and rarely worried was 29.9%. This proved that female staff at the University of Danang had moderate anxiety.

There was 79 female staff with a score of 40 or higher than 40 (the level of anxiety disorder), accounting for 28.4%. Especially, there was five female staff with extremely high anxiety scores, 56/80 points. Due to this result, these were the people needing support to overcome.

The results from Zung's anxiety scale showed that the percentage of female staff at the University of Danang was at an average level. In addition, a few studies reported that anxiety levels ranged from 15-20% worldwide, while female staffs from the University of Danang in this study were 25 people, accounting for 8.9%.

#### B. *Causes of anxiety from an intimate partner, children, and family*

As shown in Table 1, three components to be examined are causes of anxiety in female staff from intimacy partners, children, and family, including Intimacy partner issues, Children issues, and Family issues.

The authors measured the intimacy partner issues with thirteen criteria: Husband/lover is too eager to work; There are conflicts and disagreements in life; Husband does not do the housework; Husband/lover is selfish; Husband/lover is patriarchal; Husband/lover has a lot of sexual needs; Husband/lover is playful (soccer/chess...); Husband/lover addicted to stimulants (alcohol. beer. tobacco...); Husband/lover does not respect yourself; Husband/lover is violent (actions and/or words); Husband has a love affair and stress because you don't have a husband/lover. The result illustrated the gap between female participants with anxiety disorder and all-female staff participants at the University of Danang. The indicator that the highest point of female staff with an anxiety disorder was stress because you do not have a husband/lover ( $M = 2.60$ ), which had 1.64 higher than all women staff participants. And the highest point indicator of all-female staff participants was Husband/lover is too eager to work ( $M = 1.35$ ), which had 1.01 lower than female staff participants with anxiety disorder. The following indicators of female staffs participants were There are conflicts and disagreements in life ( $M = 1.34$ ); Husband does not do the housework ( $M = 1.29$ ); Husband/lover is selfish ( $M = 1.22$ ); Husband/lover is patriarchal ( $M = 1.21$ ); Husband/lover has a lot of sexual needs ( $M = 1.21$ ); Husband/lover is playful (soccer/chess...) ( $M = 1.09$ ); Stress because you don't have a husband/lover

( $M = 0.96$ ); Husband/lover addicted to stimulants (alcohol. beer. tobacco...) ( $M = 0.89$ ); Husband/lover doesn't respect yourself ( $M = 0.81$ ); Husband/lover is violent (actions and/or words) ( $M = 0.55$ ). And the lowest point was Husband has a love affair ( $M = 0.48$ ), which had 1.00 lower than the point of female staff participants with anxiety disorder.

The authors measured the children's issues with seven criteria: Female staffs have difficulty in teaching children; Female staffs lack time for children; Children are poor students; Children disobey; Female staffs give birth in the same biological sex; Children do not succeed and Female staffs don't have any children. The highest point of female staffs was that women have difficulty teaching children ( $M = 1.35$ ), which was 0.97 lower than all female staff participants with anxiety disorder. The following indicators of female staff participants were Female staffs lack time for children ( $M = 1.29$ ); Children disobey ( $M = 1.15$ ); Children do not succeed ( $M = 1.04$ ); ( $M = 1.21$ ); Female staffs give birth in the same biological sex ( $M = 0.91$ ); Female staffs don't have any children ( $M = 0.89$ ). And the lowest point was Children are poor students ( $M = 0.87$ ), which had 1.13 lower than the point of female staff participants with anxiety disorder.

The authors measured the family issues with five criteria: Parents-in-law are grumpy; There is a conflict with the brothers and sisters on the husband's side; There are conflicts with birth parents; There are conflicts with siblings and conflicts in relatives that are difficult to resolve. The indicator that the highest point of female staff was a conflict with the brothers and sisters on the husband's side ( $M = 0.97$ ), which had 0.99 lower than all-female staff participants with anxiety disorder. The highest point of female staff with an anxiety disorder was conflicting with birth parents ( $M = 2.00$ ), which had 1.14 higher than all-female staff participants. The following indicators of female staff participants were There are conflicts with birth parents ( $M = 0.86$ ); There are conflicts with relatives that are difficult to resolve ( $M = 0.82$ ); There are conflicts with siblings ( $M = 0.78$ ). And the lowest point was that parents-in-law are grumpy ( $M = 0.70$ ), which was 0.7 lower than the point of female staff participants with anxiety disorder.

#### C. *Causes of anxiety related to health and finance*

##### ● *Causes of anxiety among female staff related to health*

The authors measured the causes of anxiety among female staff related to health with five criteria: Being anxious about personal health; Being anxious about husband's health; Being anxious about children's health; Being anxious about birth parents' health and parents-in-law's health and Being anxious about relatives' health. The results in table 2 reported that among five items of the causes of anxiety on female staff related to health.

the indicator that Being anxious about children’s health was the highest point (M = 3.48; M = 2.05); followed by Being anxious about relatives’ health (M = 2.28. M = 1.86); Being anxious about birth parents’ health and

parents-in-law’s health (M = 2.00; M = 1.59); Being anxious about personal health (M = 1.96; M = 0.68); and the lowest point was Being anxious about husband’s health (M = 1.56; M = 0.66).

**Table 2.** Causes of anxiety among female staffs related to health

<i>No.</i>	<i>Content</i>	<i>Female staff participants with anxiety disorder</i>	<i>Female staff participants</i>
1	Being anxious about personal health	1.96	0.68
2	Being anxious about their husband's health	1.56	0.66
3	Being anxious about children's health	3.48	2.05
4	Being anxious about birth parents' health and parents-in-law's health	2.00	1.59
5	Being anxious about relatives' health	2.28	1.86
<i>Total</i>		<i>2.26</i>	<i>1.37</i>

**Table 3.** Causes of anxiety in female staff related to finance

<i>No.</i>	<i>Content</i>	<i>Female staff participants with anxiety disorder</i>	<i>Female staff participants</i>
1	Not satisfied with the current income	2.32	1.22
2	Not satisfied with the husband's current income	2.28	1.24
3	Worrying about family debts	3.32	1.94
4	Investments in the family	1.08	.73
5	Facility conditions of the family	2.64	1.89
6	Unsecured means of transportation	1.96	1.38
7	Lacking/Being broken several necessary pieces of equipment for life (air conditioner/heater/computer...)	1.96	1.09
<i>Total</i>		<i>22.2</i>	<i>1.36</i>

**Table 4.** The levels of coping strategies with the anxiety of female staff

<i>Factors</i>	<i>Percent (%)</i>				<i>Mean</i>	
	<i>Never</i>	<i>Seldom</i>	<i>Sometimes</i>	<i>Usually</i>	<i>Female staff with anxiety disorder</i>	<i>Female staffs</i>
Accepting the current situation	26.1	4.3	10.1	59.5	2.69	3.8
Using of stimulants (alcohol/beer/smoking...)	50.8	26.1	2.9	13.0	2.96	2
Going to the Temple/praying	7.2	15.9	26.1	50.8	3.25	1.63
Find a confidant (friends/counseling center...)	14.5	26.1	42.0	17.4	3.32	1.72
Find a fortune teller	10.1	46.4	27.5	15.9	3.28	2.05
Letting go, leaving everything will come	1.6	10.8	48.6	38.9	3.24	1.58
Leaving home to go somewhere	2.2	5.9	49.2	42.7	3.2	2.09
Wishing for a miracle	4.9	7.0	53.5	34.6	3.08	2.01
Joining art and sports clubs	3.2	3.2	50.3	43.2	3.16	2.13
Traveling	3.8	4.9	53.5	37.8	2.76	2.05

● ***Causes of anxiety among female staff related to finance***

The results are shown in Table 3 the causes of anxiety among female staff related to finance with seven criteria: Not satisfied with the current income; Not satisfied with the current income; Worrying about family debts; Investments in the family; Facility conditions of the family; Unsecured means of transportation and Lacking/Being broken several necessary pieces of equipment for life (air conditioner/heater/computer...). The indicator that the highest point of female staff was Worrying about family debts (M = 1.94) which had 1.38 lower than all female staff participants with anxiety disorder. The following indicators of female staff participants were Facility conditions of the family (M = 1.89); Unsecured means of transportation (M = 1.38); Not satisfied with the husband's current income (M = 1.24); Not satisfied with the current income (M = 1.22); Lacking/Being broken several necessary equipment for life (air conditioner / heater / computer ...) (M = 1.09). And the lowest point was Investments in the family (M = 0.73) which had 0.35 lower than the point of female staff participants with anxiety disorder.

**D. *Coping strategies with the anxiety of female staff***

The authors measured the coping strategies for the anxiety of female staff with ten criteria: Accepting their current situation; Going to the Temple/praying; Joining art and sports clubs; Leaving home to go somewhere; Letting go, leaving everything will come; Travelling; Wishing for a miracle; Find a confidant (friends/counseling center...); Find a fortune teller and Using of stimulants (alcohol/beer/smoking...). The survey data illustrated that the most chosen option by female staff was Accepting their current situation. (usually rate was 59.5%). The second option was Going to the Temple/praying made up 50.8%. The following indicators include Joining art and sports clubs (43.2%), Leaving home to go somewhere (42.7%), Letting go, leaving everything will come (38.9%); Travelling (37.8%); Wishing for a miracle (34.6%); Find a confidant (friends/counseling center...) (17.4%); Find a fortune teller (15.9%). And the option with the least choice was using stimulants (alcohol/beer/smoking...), which accounted for 13.0%.

Table 4 illustrated that the indicator that the highest point of female staff was Accepting the current situation (M = 3.8), which had 1.11 higher than female staff participants with anxiety disorder. The highest point of female staff with an anxiety disorder was Find a confidant (friends/counseling center...) (M = 3.32), which had 1.6 higher than all women staff participants. The following indicators of female staff participants were Joining art and sports clubs (M = 2.13); Leaving home to go somewhere (M = 2.09); Travelling (M = 2.05); Find a fortune teller (M = 2.05); Wishing for a miracle (M = 2.01); Using of

stimulants (alcohol/beer/smoking...) (M = 2.00); Find a confidant (friends/counseling center...) (M = 1.72); Going to the Temple/praying (M = 1.63). And the lowest point was Letting go leaving everything will come (M = 1.58), which had 1.66 lower than the point of female staff participants with anxiety disorder. Besides, the lowest point of female staff with an anxiety disorder was Accepting the current situation (M = 2.96), which had 1.11 lower than female staff.

## **4. Discussion**

This study aimed to investigate the anxiety levels and coping strategies of female staff at the University. Based on the available evidence, the research uncovered three key findings: (i) Causes of anxiety in female staff from intimate partners, children, and family; (ii) Causes of anxiety in female staff from health and finances; (iii) Coping solutions for female staffs' anxiety. The primary field was the causes of anxiety among female staff from personal relationships, children, and family. The causes of female staff anxiety stem from intimate partners. The response with the highest rating was Husband/lover is too eager to work. The lowest score was awarded to the Husband having an affair. As numerous male vocations needed a great deal of abilities and knowledge, this component had the highest degree of selection. Consequently, occupational expectations would cause stress and anxiety, which could lead to mental health issues [6,17,18,21]. When they were entirely engrossed in their profession, their physical and mental health suffered in numerous ways. This resulted in their marriages. Notably female lecturers experienced greater anxiety.

The causes of female staffs' worry stem from children. The highest score was for Female staffs who struggle to instruct children. The lowest point was that female staff have no children. Being a good mother has been every woman's greatest aspiration. According to a staff's employment requirements, women are afraid they may not have sufficient time to care for their children properly. It would induce anxiety in them. University of Foreign Languages professor Ms. L.H.N shared: "*My spouse and I are both professors. However, we do not always know how to teach our children obedience. Now that they have begun high school, it is not very comfortable if everyone who told us is true. We are professors, but we cannot instruct our children. Now, university admittance for the first child is my primary concern. Concerning the second individual, I suppose he is falling in love*". According to Kidd and Kaczmarek [11], the objective of home education has been to strengthen family bonds.

In addition, Duffey (2000) stated that women were able to regain custody of their children and preserve the family unit [7]. Therefore, if a mother is incapable of educating her children, she should not have children. They would be

extremely stressed and concerned in the origin of health-related worry among female staff. The highest point was being concerned for the health of children. And the lowest point was being concerned about the health of their husband. In Vietnam, children are a mother's most precious gift; if their children were afflicted with the disease, their mothers would experience extreme anxiety. Daar et al. [4] discovered that mothers who brought their children to the hospital were more anxious than other groups.

Various coping mechanisms have been developed from female lecturers' different sources of worry. Acceptance of their current circumstances was the most popular choice among the aforementioned factors. And at the bottom came the use of stimulants (alcohol/beer/smoking...). Ms. T.T.G. University of Pedagogy stated, "It is vital to accept the circumstance and then calmly find a solution." When female staffs confronted their reality, they were able to realize what they were up against; as a result, they were able to discover the best answers for themselves. In addition, substance addiction can increase a woman's anxiety. Therefore, this was the last option for addressing the anxiety of female lecturers. According to Dean [5], alcohol misuse, certain illegal street drugs, and certain prescription medications are believed to raise anxiety risk in females.

## 5. Conclusions

Anxiety is a frightening mental state that emerges in response to unpleasant or stressful conditions. This is a normal response to danger; however, if the feeling becomes overwhelming or persists, it may indicate an anxiety condition. For female staff to overcome their fears, proper and precise answers are required. According to this result, health was the leading source of concern among female staff. Acceptance of their current situation and locating a confidant (friends/counseling center) were identified as the most effective ways for female staff to reduce their anxiety levels. Furthermore, this result has a number of limitations, including the inability to determine the causes of female staffs' anxiety focus on their jobs and the absence of any methods that could assist female staff in identifying signs of anxiety and anxiety disorders based on their own physical manifestations, awareness, feelings, and behaviors. Despite the fact that these results are preliminary, they will serve as a crucial basis for developing initiatives to alleviate anxiety among female staff, particularly those working in colleges.

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## Declaration of Conflicting Interest

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## Ethical Approval

The ethical approval was obtained from the ethical research committee at the University of Danang (No. Đ2014-03-64, Date: February 2014).

## Authors' Contribution

All the authors conceived and designed the study, conducted research, and contributed to the research materials. All authors wrote the article's initial and final drafts and provided logistical support. All authors have reviewed and approved the final draft and are responsible for the manuscript's content and similarity index.

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## REFERENCES

- [1] American Psychiatric Association (2013) Diagnostic and statistical manual. American Psychiatric Association, Washington, DC
- [2] APA. (2021). Anxiety. American Psychological Association Dictionary of Psychology. Retrieved from <https://dictionary.apa.org/anxiety>
- [3] Barlow, C. A., & Cairns, K. V. (1997). Mothering as a Psychological Experience: A Grounded Theory Exploration. *Canadian Journal of Counselling, 31*(3), 232-247.
- [4] Daar, G., Gül, A. İ., Ede, H., & Özdamar, M. (2014). Level of healthy anxiety in mothers with sick children applying to the hospital in an outpatient setting. *National Journal of Medical Research, 4*(3), 185-188.
- [5] Dean, E. (2016). Anxiety. *Nursing Standard, 30*(46), 15-15.
- [6] Demerouti, E., Bakker, A. B., De Jonge, J., Janssen, P. P., & Schaufeli, W. B. (2001). Burnout and engagement at work as a function of demands and control. *Scandinavian Journal of Work, Environment & Health, 27*(4), 279-286.
- [7] Duffey, J. G. (2000). *Home schooling children with special needs: A descriptive study*. The College of William and Mary.
- [8] Haggard, E. A. (1949). Psychological causes and results of stress. In National Research Council, Committee On Undersea Warfare. Panel On Psychology and Physiology, *A survey report on human factors in undersea warfare* (pp. 441-461). National Research Council.

- [9] Ho, T. T. Q., Huynh, V.S., & Tran-Chi, V. L. (2021). Impact of problematic Facebook use, loneliness, and poor sleep quality on mental health. *International Journal of Advanced and Applied Sciences*, 8 (9), 112-118.
- [10] Judd, F. K., Burrows, G. D., & Norman, T. R. (1985). The biological basis of anxiety: an overview. *Journal of Affective Disorders*, 9(3), 271-284.
- [11] Kidd, T., & Kaczmarek, E. (2010). The experiences of mothers home educating their children with autism spectrum disorder. *Issues in Educational Research*, 20(3), 257-275.
- [12] Lazarus, R. S., Deese, J., & Osler, S. F. (1952). The effects of psychological stress upon performance. *Psychological Bulletin*, 49(4), 293-317.
- [13] Nghi, T. V. (2000). Co so cua lam sang tam than hoc [Foundations of clinical psychiatry]. Medical Publisher.
- [14] Nicolson, P. (1999). Loss, happiness and postpartum depression: The ultimate paradox. *Canadian Psychology*, 40(2), 162-178.
- [15] Nunnally, J., & Bernstein, I. (1994). *Psychometric Theory* 3rd edition, MacGraw-Hill, New York.
- [16] Pichot, P. (1967). Recent developments in French psychiatry. *The British Journal of Psychiatry*, 113(494), 11-18.
- [17] Plaisier, I., de Bruijn, J. G., de Graaf, R., ten Have, M., Beekman, A. T., & Penninx, B. W. (2007). The contribution of working conditions and social support to the onset of depressive and anxiety disorders among male and female employees. *Social Science & Medicine*, 64(2), 401-410.
- [18] Quick, T. L. (1990). Healthy work: Stress, productivity, and the reconstruction of working life. *National Productivity Review*, 9(4), 475-479.
- [19] Rika, A., Hiroya, M. (2022). The Influence of Health Care from Health Professionals on Maternal Mental Health. *Universal Journal of Public Health*, 10(1), 53-61. DOI: 10.13189/ujph.2022.100106.
- [20] Sue, D., Sue, D. W., Sue, S., & Sue, D. M. (2015). *Understanding abnormal behavior*. Cengage Learning.
- [21] Virtanen, M., Honkonen, T., Kivimäki, M., Ahola, K., Vahtera, J., Aromaa, A., & Lönnqvist, J. (2007). Work stress, mental health and antidepressant medication findings from the Health 2000 Study. *Journal of Affective Disorders*, 98(3), 189-197.
- [22] Weiss, M., Fawcett, J., & Aber, C. (2009). Adaptation, postpartum concerns, and learning needs in the first two weeks after caesarean birth. *Journal of Clinical Nursing*, 18(21), 2938-2948.
- [23] Wiedemann, K. (2015). Anxiety and Anxiety Disorders. *International Encyclopedia of the Social & Behavioral Sciences*, 1, 560-567.
- [24] Zung, W. W. (1965). A self-rating depression scale. *Archives of General Psychiatry*, 12(1), 63-70.