



## Emotional changes in people with disabilities during the COVID-19 pandemic

Katarina Ž. Šarčević Ivić-Hofman<sup>a</sup>, Bernarda I. Veseličić<sup>b</sup>,  
Ivana T. Smolčić Jerković<sup>c</sup>

<sup>a</sup> University of Slavonski Brod, Slavonski Brod, Croatia

<sup>b</sup> "Zlatni Cekin" Polyclinic, Slavonski Brod, Croatia

<sup>c</sup> Association of Persons with Disabilities Slavonski Brod "Loco-Moto",  
Slavonski Brod, Croatia

*Introduction.* Given the dependence on other people and special services, and their increased susceptibility to COVID-19 infection, people with disabilities can be considered a vulnerable group in this crisis. Therefore, it was interesting to examine the differences in various emotional states in people with disabilities. *Objectives.* The first objective was to determine whether there was a difference between the experienced emotional states (loneliness, helplessness, insecurity, happiness, fulfillment, security) before and since the beginning of the pandemic. The second objective was to examine whether there was a difference between the experienced emotional states in relation to the number of household members. *Methods.* The study included a total of 230 participants, 52.2% of whom were male and 47.8% female. Data were collected through an online survey, and a small percentage of participants used the paper-pencil survey method. Data collection lasted for two months, from January to March 2021. A part of the online form contained questions about emotional states before and during the COVID-19 pandemic in relation to the number of household members. *Results.* The t-test for dependent samples and a series of ANOVA were conducted. The results of the conducted t-tests for each emotional state indicated a statistically significant difference in the level of experience of each observed emotional state before and since the beginning of the pandemic. The results of the ANOVA showed that those who lived with three or more household members felt less lonely, insecure and helpless, and also happier and more fulfilled compared to those who lived alone or with one or two people. *Conclusion.* Our role is to think, devise, advocate and implement ways to improve and encourage mental health care, especially in people with disabilities, bearing in mind possible future crisis situations.

*Keywords:* pandemic, people with disabilities, emotional states

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\* Correspondence: Katarina Šarčević Ivić-Hofman, [ksihofman@unisb.hr](mailto:ksihofman@unisb.hr)

## Introduction

During 2020 and 2021, the world was hit by the COVID-19 pandemic which caused significant changes in people's lives. The pandemic has affected many people, including people with disabilities. People with disabilities belong to the risk group for COVID-19. Izutsu et al. (2019) state that a pandemic affects people with disabilities more than the average population, not because of their "vulnerable" position, but because health policy has not taken their needs into account. Some people with disabilities may be at higher risk if they have respiratory problems or a weakened immune system. They may have difficulties implementing the COVID-19 preventive measures due to the need for care or other forms of support (personal assistant). Some people with disabilities who become infected with the virus can develop a severe form of the disease because it can worsen an existing condition associated with an immune response or respiratory function (UN News, 2021). Everyday healthcare and rehabilitation is reduced during the pandemic, so it can be assumed that this pandemic contributes even more to their isolation and reduced quality of life.

The Center for Value Development (Tomić Preiner et al., 2020) conducted a research study on the challenges people with disabilities face during the pandemic. The results showed that there were many difficulties - limited movement, difficult access to information, difficult healthcare possibilities, stopped treatment, poor employment, lack of physical and mental support. According to the United Nations document on COVID-19 and the rights of persons with disabilities, people with disabilities face specific barriers to performing daily life activities in the community due to measures to respond to COVID-19. In particular, restrictions on living at home that do not take into account their needs create obstacles and new risks to their autonomy, health and life (United Nations Human Rights Office of the High Commissioner, 2020).

This study examined the emotional changes that occurred in people with disabilities during the pandemic.

Jokić Begić et al. (2020) state that participants whose mental state deteriorated during the pandemic are more likely to suffer from more serious symptoms of depression, anxiety and stress. Out of 1033 participants, about 30% experienced very and extremely strong and clinically indicative levels of these difficulties, and these were people who did not have mental disorders before the pandemic. They were also less satisfied with their lives and hopes for the future compared to participants who assessed their mental state as stable or even better compared to the time before the pandemic. In addition to anxiety and depression, Qiu et al. (2020), mention an increased number of panic disorders, while other researchers also suggest moderate to severe symptoms of somatization caused by pandemic induced stress (Arslan & Yildirim, 2020; Satici et al., 2020).

In general, the pandemic has affected people's mental health, and concern for the mental health of the population relates precisely to how such measures affect people (Adams-Prassl et al., 2020). In their study which examined the psychological impact of previous epidemics, such as SARS, Cheng et al. (2004) showed that 35% of people who recovered from SARS had moderate to high levels of depression and/or anxiety. Sprang and Silman (2013) report that during the H1N1 epidemic, in a sample of 586 parents who were quarantined, 25% of them reported symptoms of post-traumatic stress.

This may be related to the fact that quarantine can potentially have a negative effect on mental health (Brooks et al., 2020). The same authors state that even three years after quarantine, 9% of participants (48 of 549) reported high levels of depression. In addition, most studies show a high prevalence of symptoms of depression, stress, bad mood, insomnia, and symptoms of posttraumatic stress (Brooks et al., 2020). Performing life activities for people with disabilities is very challenging, regardless of the epidemic, and some authors cite certain challenges such as: problems with community mobility, access to public transport (Bezyak et al., 2020; Jónasdóttir & Polgar, 2018), access to health services (Gudlavalleti et al., 2014) and communication barriers (Hersh, 2013).

People with disabilities have a higher risk of mental health disorders, such as depressive states (Gudlavalleti et al., 2014), reduced life satisfaction (Nicolaisen, 2020) and increased loneliness (Brunes et al., 2019), compared to the general population.

Due to the fact that people with disabilities are more dependent on other people and support services even in pandemic-free situations, crisis situations such as epidemics make them an even more vulnerable group. Accordingly, the aim of this study was to examine whether people with disabilities felt changes in different emotional states before and during the pandemic.

It is expected that there will be changes in the emotional state of people with disabilities in relation to before and since the beginning of the pandemic and in relation to the number of household members.

### **Research objectives**

- Examine whether there is a difference between the experienced emotional states (loneliness, helplessness, insecurity, happiness, fulfillment, security) before and since the beginning of the pandemic.
- Examine whether there is a relation between experienced emotional states (loneliness, helplessness, insecurity, happiness, fulfillment, security) and the number of household members.

## Methods

### Sample

The study included a total of 230 participants, 52.2% of whom were male and 47.8% female. The average age of the participants was 53.10 years ( $SD = 18.72$ ). With regard to the level of education, 50.4% of the participants completed secondary education, 19.6% completed primary education, 11.3% had a master's degree, 8.2% had a bachelor's degree, three participants (1.3%) had a postgraduate degree, and 9.2% of the participants did not complete primary education. Furthermore, 40.2% of the participants lived in rural areas, 23.1% lived in a smaller city (up to 50000 inhabitants, and 36.7% lived in a larger city (more than 50000 inhabitants). In addition, 38.3% of the participants were married.

Table 1 shows the structure of the participants by the type of disability at  $N = 228$ . Two participants did not comment on the type of disability. Multiple disabilities referred to two or more selected types of disability.

**Table 1**

*Types of disabilities of the participants (N = 228)*

Type of disability	<i>n</i>	%
Physical impairment	118	51.8
Visual impairment	6	2.6
Hearing impairment	1	0.4
Neurological impairment	33	14.5
Intellectual impairment	3	1.3
Multiple disabilities	64	28.1
Other	3	1.3

### Research instrument

This study was a part of a broader study on the population of people with disabilities. A survey questionnaire in the form of an online form was used for the purpose of this research. A part of the online form used in this study contained questions about emotional states before and during the COVID-19 pandemic and a question about the number of household members. Two questions about each emotion were "Before the pandemic, I felt..." and "Since the beginning of the pandemic, I have felt...". The participants were asked to answer how often they felt lonely, insecure, helpless, happy, fulfilled and safe on a five-point Likert scale: 1 – never, 2 – rarely, 3 – sometimes, 4 – often and 5 – always. The demographic part of the questionnaire included a question about the number of household members: "How many members live in your household?", with "one", "two", "three", and "four or more" given as possible answers.

For the purpose of this research, the household members variable was observed as follows: single, persons who indicated that they had one or two other household members, and persons who indicated that they had three or more members.

Additionally, demographic characteristics such as gender, age, level of education, socioeconomic status, marital status, type, and degree of disability were examined, but these data were not used in data processing.

## **Procedure**

The survey was conducted on a convenience sample via an online form, and a small percentage of the participants used the paper-pencil method due to needed assistance in completing the questionnaire. The link for the online form was shared via Facebook, e-mail addresses of various associations that bring together people with disabilities, and websites aimed at this population. Data collection lasted for two months, from January to March 2021. Before completing the questionnaire, the participants were given written instructions with a brief description of the research and a statement of anonymity, as well as guidelines for responding. The participants were required to read the instructions carefully and provide answers accordingly. At the end of the questionnaire, each participant could leave their e-mail address to be informed about the results of the research, and at the same time, the e-mail address of the researcher was provided for the participants in case they had additional questions or ambiguities.

## **Data analysis**

The data were processed by the IBM SPSS Statistics statistical program. A t-test for dependent samples was calculated to test the difference between the emotional states reported by the participants before and since the onset of the pandemic. ANOVA was used to check the difference in perceived emotional states before and since the onset of the pandemic in relation to the number of household members.

## **Results**

To test the difference between the emotional states reported by the participants before and since the beginning of the pandemic, a t-test was calculated for dependent samples. The results of the conducted t-tests for each emotional state indicate a statistically significant difference in the level of experience of each observed emotional state before and after the beginning of the pandemic (Table 2).

The results show a higher level of unpleasant emotional states since the beginning of the pandemic. There is a statistically significant difference in the level of insecurity, helplessness and loneliness before and since the beginning of the pandemic. The results show that the participants have felt more insecure, helpless and lonely since the beginning of the pandemic, than they did before the

pandemic. Conversely, the level of pleasant emotional states in the participants was higher before the pandemic. A statistically significant difference was also found in the level of happiness, fulfillment and security before and since the beginning of the pandemic. The results show that the participants have felt less happy, fulfilled and secure since the beginning of the pandemic, than they did before the pandemic.

**Table 2**

*Emotions before and since the beginning of pandemic*

Variable	<i>M</i>	<i>SD</i>	<i>t</i> ( <i>df</i> = 229)	<i>p</i>	<i>Cohen's d</i>
Insecurity before the pandemic	2.52	1.05			
Insecurity since the beginning of the pandemic	3.13	1.18	-8.34	< .001	-.55
Helplessness before the pandemic	2.50	1.07			
Helplessness since the beginning of the pandemic	2.73	1.18	-3.77	< .001	-.26
Loneliness before the pandemic	2.46	1.07			
Loneliness since the beginning of the pandemic	2.77	1.11	-5.18	< .001	-.034
Happiness before the pandemic	3.67	.87			
Happiness since the beginning of the pandemic	3.23	.88	7.95	< .001	.52
Fulfillment before the pandemic	3.57	.94			
Fulfillment since the beginning of the pandemic	3.16	.90	6.64	< .001	0.44
Security before the pandemic	3.81	.99			
Security since the beginning of the pandemic	3.28	1.06	7.62	< .001	.50

ANOVA was used to check the difference in the experienced emotional states before and since the beginning of the pandemic in relation to the number of household members (Table 3). The results indicate a statistically significant difference in the level of loneliness, insecurity, helplessness, happiness and fulfillment since the beginning of the pandemic in relation to the number of household members with whom the participants live.

**Table 3**

*Relation between experienced emotional states and the number of household members*

Variable	Living alone		Living with 1 or 2 household members		Living with 3 or more household members		<i>F</i> (2,227)	<i>p</i>	Eta-square
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Insecurity	3.45	1.11	3.21	1.18	2.75	1.18	4.99	.008	.04
Helplessness	3.25	1.13	2.80	1.15	2.24	1.14	9.93	< .001	.08
Loneliness	3.23	1.21	2.84	1.07	2.29	.97	9.92	< .001	.08
Happiness	2.93	.83	3.16	.79	3.61	.97	8.99	< .001	.07
Fulfillment	2.95	.85	3.09	.86	3.44	1.01	4.44	.013	.04
Security	3.05	.97	3.23	1	3.54	1.18	2.96	.054	.03

### **Insecurity**

ANOVA results indicate a statistically significant difference in the level of insecurity since the beginning of the pandemic with respect to the number of household members. Post hoc analysis (Scheffe test) for the level of insecurity since the beginning of the pandemic found that people living with three or more household members felt less insecure than those living with one to two household members ( $p = .044$ ) and those who were single ( $p = .014$ ). There is no statistically significant difference in the level of helplessness between the participants living alone and having one to two household members ( $p = .51$ ).

### **Helplessness**

ANOVA results indicate a statistically significant difference in the level of happiness since the beginning of the pandemic with respect to the number of household members. Post hoc analysis (Scheffe test) for the level of helplessness since the beginning of the pandemic found that people living with three or more household members felt less helpless than those living with one to two household members ( $p = .008$ ) and those who were single ( $p < .001$ ). There is no statistically significant difference in the level of helplessness between the participants living alone and having one to two household members ( $p = .10$ ).

### **Loneliness**

ANOVA results indicate a statistically significant difference in the level of loneliness since the beginning of the pandemic with respect to the number of household members. Post hoc analysis (Scheffe test) for the level of loneliness since the beginning of the pandemic found that people living with three or more household members felt less lonely than those living with one to two household members ( $p = .005$ ) and those who were single ( $p < .001$ ).

There is no statistically significant difference in the level of loneliness since the beginning of the pandemic between the participants living alone or with one to two household members ( $p = .14$ ).

### **Happiness**

ANOVA results indicate a statistically significant difference in the level of happiness since the beginning of the pandemic with respect to the number of household members. Post hoc analysis (Scheffe test) for the level of happiness since the beginning of the pandemic found that people living with three or more household members felt happier than those living with one to two household members ( $p = .004$ ) and those who were single ( $p = .001$ ). There is no statistically significant difference in the level of happiness between the participants living alone and having one to two household members ( $p = .31$ ).

### **Fulfillment**

ANOVA results indicate a statistically significant difference in the level of fulfillment since the beginning of the pandemic with respect to the number of household members. Post hoc analysis (Scheffe test) for the level of fulfillment since the beginning of the pandemic found that people living with three or more household members felt more fulfilled than those living with one to two household members ( $p = .045$ ) and those who were single ( $p = .028$ ). There is no statistically significant difference in the level of happiness between the participants living alone and having one to two household members ( $p = .68$ ).

### **Security**

ANOVA results ( $F = 2.96$ ,  $df1 = 2$ ,  $df2 = 227$ ,  $p = 0.054$ ) show that there is no statistically significant difference in the level of security since the beginning of the pandemic with respect to the number of household members.

## **Discussion**

Various studies deal with loneliness during the pandemic (Horvat, 2020; Killgore et al., 2020; Palgi et al., 2020) and their results conclude that the feeling of loneliness caused by the pandemic and the need for greater physical distance to protect health, make us more vulnerable. The results of our research show that people with disabilities have felt more lonely, insecure, and helpless, and also less happy and fulfilled since the beginning of the pandemic (Table 2).

A research study conducted in the United Kingdom shows that people with disabilities felt more lonely before the pandemic as well as during the pandemic than people without disabilities (Foubert & Ainslie, 2020). One of the reasons may be the fact that people with disabilities, compared to people without disabilities, showed greater impact of COVID-19 on their well-being



(62% vs. 42%), health (28% vs. 7%), access to health care for problems unrelated to COVID-19 (43% vs. 20%), access to groceries, medicines and important necessities (31% vs. 12%) and relationships (30% vs. 21%). Interestingly, people with disabilities who had a higher risk of infection and consequently a worse outcome (e.g., associated heart or lung problems) (84%), and those who did not have such conditions along with their basic disability (83%), were equally concerned about the impact of COVID-19 on their lives. A possible explanation may be that they are equally concerned because their greatest difficulty is caused by their disability, which affects various limitations and exclusion. When we take into account inconsistent recommendations, reporting, insufficiently accurate information, inconsistency of relevant institutions and scientists in interpreting the numbers of the infected during the pandemic, the feeling of concern, insecurity and helplessness could also be present.

All uncertainty during the pandemic, reduced ability to move, socializing with family and friends, putting an end to and reducing various organized forms of socializing, leads to people lacking contact with others and feeling lonely due to worries related to distancing and protecting themselves and others.

The pandemic period certainly brings some changes in daily routines and lifestyles. Jokić Begić et al. (2020) conducted a research study on 3500 people in Croatia and the results showed that there were significant changes in the amount of time spent in different daily routines and activities during the pandemic as a result of the COVID-19 preventive measures. The quality of our activities changed more than the quantity, and the trend of quality decrease is apparent in some activities such as community service, engagement in cultural activities, social relations, and socializing with family. The lack of normalization of the situation, especially for vulnerable groups, could have affected research results, conducted more extensively in the United Kingdom on people with disabilities. People with disabilities were highlighted as vulnerable groups from the beginning, so it is not surprising that unpleasant emotions have been greater since the pandemic started than before. In their survey conducted in July 2020, Foubert and Ainslie (2020) showed that 75% of people with disabilities reported feeling very worried or somewhat worried about the coronavirus effect on their lives, compared to 66% of people without disabilities.

People with disability usually feel more isolated, spend more time alone than others, feel like a burden to other people, do not have the same social support as other people because they do not have the same access to work, social events or simply do not feel supported by people like them. Policies for the social inclusion of people with disabilities, although now seemingly hampered by the pandemic, need to be intensified and long-term strategies for working on the problem of loneliness in this population need to be considered. It should be especially considered that loneliness, insecurity and helplessness impair mental health, and this is intensified in a pandemic.

Although family size alone does not necessarily mean better relationships or better interactions, in a pandemic era when face-to-face interactions are reduced, the authors of this paper wondered whether there was a difference in the level of emotional states experienced by people with disabilities since the onset of the epidemic in relation to the number of household members. The results of the analysis showed that those who lived with three or more household members felt less lonely, insecure and helpless, and also happier, and more fulfilled, compared to those who lived alone or with one to two more people. There was no difference in the experience of emotional states since the onset of the pandemic between the participants living alone and those living with one to two people in the household. The only difference that was not shown was whether people felt safe given the different number of household members. This can be explained by the fact that few people felt safe, and an increase in the number of household members could lead to greater safety concerns for other family members, as well as the increased risk of infection, which grows with contact with more people.

A larger family can be a protective factor for emotional experiences in people with disabilities, which is also confirmed by people who provide them with psychological support, because it provides the likelihood that there is a person with whom a disabled person can be more connected and have quality interactions. Having more household members also means more support opportunities, which leads to pleasant emotions, since people with disabilities then do not feel left to themselves, as is the case with those who live alone or with fewer people in the household.

### **Conclusion**

The results of this research showed that those who lived with three or more members felt less lonely, insecure, and helpless, and also happier and more fulfilled, compared to those who lived alone or with one to two more people. There was no difference in the perception of emotional states since the beginning of the pandemic between the participants living alone and those living with one to two household members. The only difference that was not shown was whether people felt safe given the different number of household members, which can be explained by the fact that rarely anyone felt safe. An increase in the number of household members could have led to greater safety concerns for other family members, as well as for the potential risk of infection growing with contact with more people.

People with disability who are lonely, the elderly, as well as those living alone or with fewer people in the household need special support and care from the community. This can be achieved through a range of digital solutions and encouraging access to and use of the Internet, developing digital literacy, which has proven to be a great tool for maintaining social connectivity with other

people in the pandemic. Adherence to the guidelines of various conventions and declarations for this population, and especially the care in crisis situations, such as the situation with the COVID-19 pandemic, places greater emphasis on the need for systematic care for this, often marginalized, group.

We all have a role to think, devise, advocate and implement ways to improve and encourage mental healthcare, especially in the population of people with disabilities, given some future crisis situations. The individual, but also the national recovery and resilience plan, should include care for mental health, strengthening the existing capacities of individuals, but also social service providers and all other stakeholders in society who can contribute to the well-being of an individual.

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## Emocionalne promene kod osoba s invaliditetom za vreme COVID-19 pandemije

Katarina Ž. Šarčević Ivić-Hofman<sup>a</sup>, Bernarda I. Veseličić<sup>b</sup>,  
Ivana T. Smolčić Jerković<sup>c</sup>

<sup>a</sup> Sveučilište u Slavanskom Brodu, Slavonski Brod, Hrvatska

<sup>b</sup> „Zlatni cekin“ Poliklinika, Slavonski Brod, Hrvatska

<sup>c</sup> Udruga osoba s invaliditetom Slavonski Brod „Loco-Moto“, Slavonski Brod, Hrvatska

*Uvod:* Usled zavisnosti od drugih i njihove pomoći, kao i povećane osetljivosti na infekciju COVID-19, osobe s invaliditetom mogu se smatrati ranjivom grupom u ovoj krizi, pa je bilo interesantno proveriti promene u različitim emocionalnim stanjima kod ove populacije. *Ciljevi:* Prvi cilj je bio da se ispita da li postoji razlika između doživljenih emocionalnih stanja (usamljenost, bespomoćnost, nesigurnost, sreća, ispunjenost i sigurnost) pre i tokom pandemije. Drugi cilj je bio da se ispita da li postoji razlika između doživljenih emocionalnih stanja u odnosu na broj članova domaćinstva. *Metode:* U istraživanju je učestvovalo ukupno 230 ispitanika, od čega je 52.2% ispitanika muškog pola, a 47.8% ispitanika ženskog pola. Podaci su prikupljeni putem onlajn ankete, a mali deo ispitanika anketiran je metodom papir-olovka. Prikupljanje podataka trajalo je dva meseca, od januara do marta 2021. Deo onlajn obrasca sadržao je pitanja o emocionalnim stanjima pre i tokom epidemije COVID-19 u odnosu na broj članova u domaćinstvu. *Rezultati:* Primenjen je t-test za zavisne uzorke i serija jednosmernih analiza varijanse. Rezultati t-testa pokazuju da postoji statistički značajna razlika u nivou doživljaja svakog posmatranog emocionalnog stanja pre i tokom pandemije. Rezultati jednosmerne analize varijanse pokazuju da se oni koji žive s tri ili više članova osećaju manje usamljeno, nesigurno i bespomoćno, kao i srećnije i ispunjenije u odnosu na one koji žive sami ili s još jednom do dve osobe. *Zaključak:* Uloga svih nas je da razmišljamo, smišljamo, zagovaramo i implementiramo načine za poboljšanje i podsticanje zaštite mentalnog zdravlja, posebno u populaciji osoba s invaliditetom, imajući u vidu neke buduće krizne situacije.

*Gljučne reči:* pandemija, osobe s invaliditetom, emocionalna stanja

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