

Identifying the Risk and Protective Factors of Psychological Distress among Individuals in Asia during the COVID-19 Pandemic: A Systematic Literature Review

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Abstract. The COVID-19 pandemic has caused a profound negative impact on individuals, manifesting in psychological distress such as depression and anxiety. Therefore, this study aimed to identify the risk and protective factors affecting psychological distress among individuals in Asia. A systematic literature review was guided by the PRISMA (Preferred Reporting Items for Systematic and Meta-analysis) protocol using Google Scholar and Science Direct databases. Furthermore, keywords such as “psychological distress”, “COVID-19”, “individual psychological distress”, and “COVID-19 Asia” were employed in the search, with articles selected based on inclusion and exclusion criteria. The results included 14 selected articles and showed that psychological distress was influenced by sociodemographic (gender, age, marital status, living in COVID-19-affected areas), stress-related (isolation, vitamin use at home, exposure to negative news on social media), internal (congenital diseases, low self-efficacy), and external factors (heavy workload, low income, lack of health protocols, inexperience in work, recently graduated or completed education). This study provided insights into the psychological distress experienced by individuals during the COVID-19 pandemic and highlights the need for further investigation, such as meta-analyses, to determine the effect size of these risk and protective factors.

Keywords: COVID-19, internal-external factors, psychological distress, psychological impacts, systematic literature review

Identifikasi Faktor Risiko dan Protektif Distres Psikologis Individual selama Pandemi COVID-19 di Asia: Tinjauan Literatur Sistematis

Abstrak. Pandemi COVID-19 berdampak negatif pada individu salah satunya distres psikologis (*psychological distress*) yang ditandai dengan depresi dan kecemasan. Penelitian ini bertujuan mengetahui faktor risiko dan protektif yang memengaruhi *psychological distress* pada individu di kawasan Asia selama pandemi COVID-19. Penelitian ini menggunakan metode review literatur sistematis dengan berpedoman pada PRISMA (Preferred Reporting Items for Systematic and Meta-analysis). Pencarian artikel menggunakan kata kunci “*psychological distress*”, AND “COVID-19”, AND “individual psychological distress”, “COVID-19 Asia” pada *database* Google Scholar dan Science Direct berdasarkan kriteria inklusi dan eksklusi. Pencarian dilakukan terhadap artikel yang terbit dalam 2 tahun terakhir sejak pandemi COVID-19. Hasil sintesis pada 14 artikel terpilih menunjukkan terdapat faktor risiko dan faktor protektif *psychological distress*, yang dikelompokkan dari faktor sosiodemografi (jenis kelamin, usia, status pernikahan/keluarga dan tempat tinggal), faktor *stress related* (melakukan isolasi, mengonsumsi vitamin sebagai perlindungan dan penggunaan sosial media yang mengakses berita negatif tentang pandemi COVID-19), faktor internal (penyakit bawaan dan efikasi diri yang rendah), dan faktor eksternal (*workload* yang berat, pendapatan yang rendah, kurangnya protokol kesehatan dan memiliki pengalaman kerja yang minim dan baru menyelesaikan pendidikan). Hasil dari penelitian ini menjelaskan *psychological distress* pada individu saat terjadi pandemi, dan perlunya penelitian selanjutnya, seperti metaanalisis untuk mengetahui seberapa besar pengaruh dari faktor risiko dan protektif terhadap *psychological distress*.

Kata Kunci: COVID-19, dampak psikologis, faktor internal-eksternal, *psychological distress*, *systematic literature review*

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The COVID-19 pandemic, officially declared a global public health emergency by the World Health Organization (WHO) on January 30, 2020, had a severe impact on the global community (Osler, 2020). The virus originated in Wuhan, China, and by late December 2020, 266 cases were confirmed. By early November 2020, the global case count exceeded 45 million, with over 1 million deaths reported, including 410,000 and 3 million confirmed cases and deaths in Indonesia (WHO, 2021). The pandemic affected various sectors, including the economy, health, and education (Aeni, 2021). In the health sector, COVID-19 affected physical health (Joseph & Ashkan, 2020), and threatened mental well-being (Das et al., 2021; Sherman et al., 2020). This is supported by data from the Indonesian Psychiatric Association, where 64.3% of 1,522 respondents experienced anxiety and depression (Titro.id, 2020). Psychological distress, characterized by depression and anxiety, is an emotional state responding to a threatening (Drapeau et al., 2012; Mirowsky & Ross, 2017).

According to Mirowsky and Ross (2017), psychological distress can manifest as mood symptoms such as fear, worry, and irritability for anxiety and lack of enthusiasm, sadness, and loneliness for depression. Anxiety symptoms include fainting, dizziness, and tremors, while depression symptoms are difficulty sleeping, concentrating, and losing appetite (Mirowsky & Ross, 2017). During the COVID-19 pandemic,

depression and anxiety contributed to the psychological distress experienced by individuals *distress* (Wang et al., 2020). The factors are categorized into three groups, namely sociodemographic, stress-related, and personal resources. Meanwhile, each category contains risk and protective factors, which can lead to mental disorders and reduce the likelihood (Drapeau et al., 2012).

Sociodemographic risk factors include early adulthood, being female, living in a specific area, and not being married or having a family (Drapeau et al., 2012; Mirowsky & Ross, 2017). Protective factors in this category include having work and income, while family conflicts or job loss are stress-related risk factors. Stress-related factors, such as life transitions such as losing a job or caring for a sick family member, can also increase the risk of psychological distress. Personal resources can be affected by internal and external factors. Internal risk factors include low self-efficacy and personality, while adequate social support is an internal protective factor. External risk factors include family problems, low income, and reduced education, while harmonious family and high income are external protective factors (Drapeau et al., 2012). Previous studies demonstrated that psychological distress can have a negative impact on both mental and physical health. Additionally, it can increase aggressive behavior, cause sleep disturbances, and lead to drug addiction and suicidal tendencies (Bebanic et al., 2017; Gyawali et al.,

2016; Rezaei et al, 2018; Tang et al, 2018). It can also have physiological effects, including obesity, heart disease, and cancer (Almigbal et al, 2019; Jarrad et al, 2019; McLachlan & Gale, 2018). This highlights that psychological distress affects not only mental health but also physical well-being.

Studies have been conducted to examine psychological distress among individuals during the COVID-19 pandemic in Asian countries (Al-Hanawi et al, 2020; Ben-Ezra et al, 2020; Chao et al, 2020; Elhessewi et al, 2021; Hawari et al, 2021; Horesh et al, 2020; Lahav, 2020; Lee et al, 2020; Marzo et al, 2020; Qiu et al, 2020; Qodariah et al, 2020; Shahrour & Dardas, 2020; Vahedian-Azimi et al, 2020; Wang et al, 2021). These studies were conducted using quantitative methods but have not been synthesized through a systematic literature review, which is important for gathering existing knowledge (Linnenluecke et al, 2020). There are previous literature reviews on this concept in various contexts, such as refugee children (Bronstein & Montgomery, 2011), adolescents influenced by social media (Keles et al, 2020), depression and anxiety among the general population during the COVID-19 pandemic (Wang et al, 2020), overcoming psychological distress among health workers (Petzold et al, 2020), and resilience strategies to cope with distress (Heath et al, 2020). The study of psychological distress is unique because each individual responds differently to stressors (Drapeau et

al, 2012). Furthermore, to the best of our knowledge, no previous review investigated the causes of individual psychological distress during the pandemic in Asian countries. An in-depth study is needed to determine the causes of distress, specifically in Asia, where many countries were among the first to be exposed to the virus. A systematic literature review analysis should identify the factors causing psychological distress.

Method

This systematic literature review was conducted using the PRISMA guidelines (Page et al, 2021). In addition, a search for relevant journals was performed through Google Scholar and Science Direct using the following keywords, “psychological distress”, “COVID-19”, “individual psychological distress”, and “COVID-19 Asia”. It was conducted from January 12 to 30, 2022. To select journals for the review, several inclusion criteria were applied, namely (1) Studies focused on the causes of psychological distress during the pandemic in Asia, (2) Used quantitative empirical analysis, (3) Published within the last two years (2020-2021), and (4) Written in English and published in a reputable international or national journal. The exclusion criteria included (1) Studies on psychological distress in a general context, not specific to the COVID-19 pandemic, (2) Performed outside of Asia, and (3) Conducted as a literature study or meta-analysis.

Literature search

A systematic literature review was performed by searching the Google Scholar and Science Direct databases. Subsequently, 71 articles were found on Google Scholar in the last 2 years, and 40 were selected based on the title. After reviewing the abstracts, 16 articles met the criteria. Finally, 13 were used after evaluating the factors discussed in the

article and the study location. On Science Direct, 23 articles were found in the last 2 years, and only 1 was used after selecting 3 and 2 based on the title and abstract. The process of searching for relevant journals is depicted in Figure 1.

The articles used in this study are summarized in Table 1 based on the researcher, method, and results.

Figure 1

Article Search Flowchart

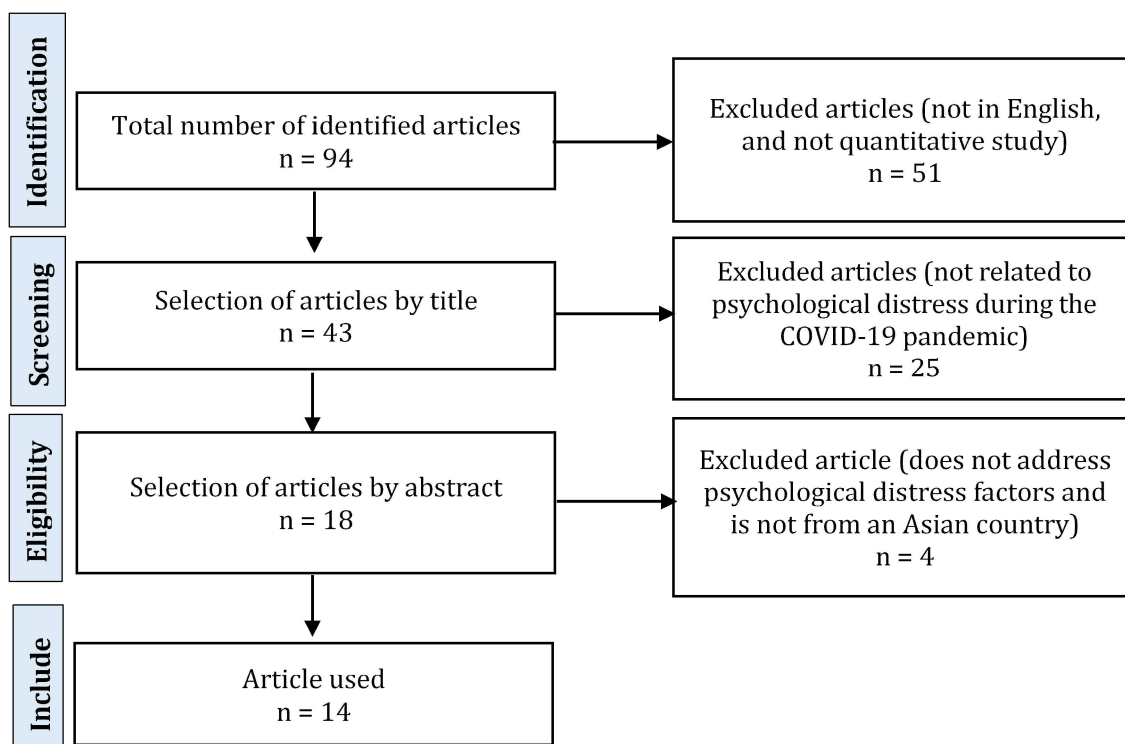


Table 1*Research Related to Individual Psychological Distress during the COVID-19 Pandemic*

Researcher	Title	Method	Result
Al-Hanawi et al. (2020)	Psychological distress amongst health workers and the general public during the COVID-19 Pandemic in Saudi Arabia	Design: quantitative study. Participants: 3,036 health workers in Saudi Arabia. Measurement: 1) Demographic data: Self-report questionnaire (gender, family status, education, place of residence and congenital diseases); 2) Psychological distress: COVID-19 Peritraumatic Distress Index (CPDI)	Sociodemographic factors: early adulthood and females especially health workers are more prone to experiencing psychological distress (risk factor) External factors: working as a health worker in the midst of the COVID-19 pandemic causes individuals to experience psychological distress (risk factor)
Ben-Ezra et al. (2020)	The association of being in quarantine and related COVID-19 recommended and non-recommended	Design: quantitative study. Participants: 1,134 respondents aged 18 years to 59 years in China. Measurements: 1) Self-report questionnaire (gender and place of residence) and questions regarding quarantine based on WHO guidelines and additional individual behavior in dealing with COVID-19; 2) Psychological distress: Kessler K6	Sociodemographic factors: Individuals living in Hubei are more prone to experiencing psychological distress (risk factor) Stress-related factors: individuals who are isolating and consuming vitamins External factors: Individuals who return to the office if the pandemic is over are also individual factors experiencing psychological distress (risk factor)
Chao et al. (2020)	Psychological distress and state boredom during the COVID-10 outbreak in China: The role of meaning in life and media use	Design: quantitative study. Participants: 976 people in Israel who are at least 18 years old. Measurement: 1) Self-Report Questionnaire, boredom state, use of social media and Meaning in Life Questionnaire (MLQ); 2) Psychological distress: DASS-21 (Depression, Anxiety and Stress Scale) questionnaire	Stress-related factors: individuals in Israel experience psychological distress, including experiencing boredom at home and using social media (risk factor)

Researcher	Title	Method	Result
Elhessewi et al. (2021)	Psychological distress and its risk factors during COVID-19 pandemic in Saudi Arabia; A cross sectional study	Design: quantitative study. Participants: 739 participants aged over 18 years. Measurement: 1) self-report questionnaire (age, gender, income, education, marital status, employment status, place of residence and living conditions); 2) Psychological distress: Kessler 10 (K10).	Sociodemographic factors: being old and not married causes individuals to experience psychological distress (risk factor) Internal factors: individuals who have congenital diseases are prone to experiencing psychological distress (risk factor)
Hawari et al. (2021)	The inevitability of Covid-19 related distress among healthcare workers: Findings from a low caseload country under lockdown	Design: quantitative study. Participants: 937 people living in Jordan and aged from 21 to 67 years. Measurements: 1) The Patient Reported Outcomes Measurement Information System (PROMIS) anxiety short form and depression short form, PROMIS sleep related impairment and the PROMIS sleep impact short form, 21 SARS outbreak items, questions regarding job characteristics and perceptions, personal equipment; 2) measurement of psychological distress: Kessler 6 (K6)	Sociodemographic factors: health workers who are female are more prone to experiencing psychological problems <i>distress (risk factor)</i> External factors: health workers who live with older people, have minimal work experience as health workers, have just finished their education, work full time in handling COVID-19 cases and experience fear of being infected with the COVID-19 virus, fear of their family having the virus COVID-19 and fear of the economic situation that makes individuals experience psychological distress (risk factor)
Horesh et al. (2020)	Risk factor for psychological distress during the COVID-19 pandemic in Israel: Loneliness, age, gender, and health status play an important role	Design: quantitative study. Participants: 204 youths in Israel aged 18 and over. Measurement: 1) Self-report questionnaire (family, education, income, religion, questions about family health during the COVID-19 pandemic; 2) psychological distress: Perceiver stress scale, Beck Anxiety Inventory and The World Health Organization Quality of Life Scale-Brief Version (The WHOQOL Group)	Sociodemographic factors: individuals who are female, young and unmarried are prone to experiencing psychological distress (risk factor) Internal factors: individuals who have congenital diseases are prone to experiencing psychological distress (risk factor)

Researcher	Title	Method	Result
Lahav (2020)	Psychological distress related to COVID-19 – The contribution of continuous traumatic stress	Design: quantitative study. Participants: 917 youths in China. Measurements: 1) Self-report questionnaire (age, gender, education and religion) and stress factors from COVID-19; 2) Psychological distress: Brief Symptom Inventory (BSI-18); 3) Peritraumatic stress symptoms: PTSD checklist (PCL-5); 4) Trauma: Trauma History Screen (HTS)	Sociodemographic factors: individuals who are not married, are female and are young are prone to experiencing psychological distress (risk factor) Internal factors: individuals who have congenital diseases and have trauma are prone to experiencing psychological distress (risk factor) External factors: individuals who have low income are prone to experiencing psychological distress (risk factor)
Lee et al. (2020)	Psychological distress during the COVID-19 pandemic amongst anesthesiologist and nurses	Design: quantitative study. Participants: 270 health workers (115 anesthesiologists and 150 nurses). Measurement: 1) Self-report questionnaire (health history, job characteristics and participants' perceptions of COVID-19; 2) Psychological distress: General Health Questionnaire (GHQ-12) and Hospital Anxiety and Depression Scale (HADS)	External factors: fear of being infected with the virus, lack of health protocols and the large number of jobs causing individuals, especially health workers, namely nurses in Singapore to experience psychological distress (risk factor)
Marzo et al. (2020)	Factor associated with psychological distress among Filipino during coronavirus disease 19 pandemic	Design: quantitative study. Participants were 407 people in the Philippines from the age range of 18 years to 45 years and over. Measurements: 1) Self-report questionnaire (age, place of residence, gender, marital status, education) and questions regarding congenital diseases; 2) Psychological distress: COVID-19 Peritraumatic Distress Index (CPDI)	Sociodemographic factors: Individuals living in the Visayas province are prone to experiencing psychological distress (risk factor) External factors: individuals who have a high level of education are prone to experiencing psychological distress (risk factor)

Researcher	Title	Method	Result
Qiu et al. (2020)	A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: Implications and policy recommendations	Design: quantitative study. Participants: 52,730 people from 36 provinces in China (including Hong Kong, Macau, Taiwan) aged 28 to 51 years. Measurement: 1) Self-report questionnaire (age, sex, place of residence, education and income; 2) Psychological distress: COVID-19 Peritraumatic Distress Index (CPDI)	Sociodemographic factors: young individuals are prone to experiencing psychological distress (risk factor) External factors: individuals who have a high level of education are prone to experiencing psychological distress (risk factor)
Qodariah et al. (2020)	Sociodemographic determinants of Indonesia mothers' psychological distress during the COVID-19 pandemic	Design: quantitative study. Participants: 1,534 female participants in Indonesia, minimum 17 years old and have at least 1 child. Measurements: 1) Self-report questionnaire (age, education, marital status, income and number of children) and questions related to children of participants such as age, education, living with/ without people affected by COVID-19; 2) Psychological distress: Depression Anxiety Stress Scale-21 (DASS-21)	Sociodemographic factors: young mother's age and length of marriage cause individuals, especially mothers, to be vulnerable to psychological distress (risk factor) External factors: the number of children and knowing that someone in their neighborhood is affected by COVID-19 can make mothers vulnerable to experiencing psychological distress (risk factor)
Shahrour and Dardas (2020)	Acute stress disorder, coping self-efficacy and subsequent psychological distress among nurses amid COVID-19	Design: quantitative study. Participants: 448 people who work as nuns in Jordan with ages ranging from 30 years to 58 years. Measurements: 1) Self-report questionnaire, Stanford Acute Stress Reaction Questionnaire (SASRQ) Trauma Coping Self-Efficacy Scale form and Hurricane Coping Self-Efficacy Scale; 2) Psychological distress: Brief Symptom Inventory 18 (BSI-18)	Sociodemographic factors: Individuals who are female and young (early adulthood) are more prone to experiencing psychological distress (risk factor) Internal factors: Individuals who have congenital diseases, easily experience stress and have low self-efficacy can cause individuals to experience psychological distress (risk factor)

Researcher	Title	Method	Result
Vahedian-Azimi et al. (2020)	Comparison of the severity of psychological distress among four groups and Iranian population regarding COVID-19 pandemic	Design: quantitative study. Participants: 886 people consisting of 241 general public, 221 COVID-19 patients, 217 health workers and 207 medical students. Measurement: 1) Self-report questionnaire (age, gender, marital status, work experience); 2) Psychological distress: DASS-21 (Depression, Anxiety and Stress Scale) questionnaire	Sociodemographic factors: individuals who are male and who are not married are more prone to experiencing psychological distress. The general public is more prone to experiencing psychological distress than health workers, COVID-19 patients and medical students in Iran (risk factor)
Wang et al. (2021)	The impact of COVID-19 pandemic on physical and mental health of Asians: A study of seven middle-income countries in Asia	Design: quantitative study. Participants: 4479 people aged 12 to 17 years in 6 Asian countries (Thailand, China, Iran, Pakistan, Philippines and Vietnam). Measurements: 1) Self-report questionnaire (age, sex, physical health, contact history with the outside environment), knowledge questions about COVID-19; 2) Psychological distress: Depression Anxiety Stress Scale-21 (DASS-21)	Sociodemographic factors: individuals are without a partner or divorced, female experienced psychological distress (risk factor) External factors: individuals who are discriminated or have contact with people affected by COVID-19 vulnerable to experiencing psychological distress. It is known that Thailand is a country that has the highest level of psychological distress compared to the other five countries (China, Iran, Pakistan, Philippines and Vietnam) (risk factor)

Results

This study aims to determine the risk and protective factors that affect psychological distress in individuals in the Asian region during the COVID-19 pandemic. Based on the data analysis, the following results were obtained.

Study population

A total of 68,697 participants were drawn from diverse age groups, genders, and professions across various Asian countries. The quantitative survey study by Hawari et al. (2021), Al-Hanawi et al. (2020), Lee et al. (2020), Shahrour and Dardas (2020), Vahedian-Azimi et al. (2020) focused on health worker participants. Hawari et al. (2021) analyzed 937 health workers in Jordan, while Al-Hanawi et al. (2020) studied 3,036 medical personnel in Saudi Arabia. Furthermore, Lee et al. (2020) analyzed 270 anesthesiologists and nurses at the Singapore Medical Center. Shahrour and Dardas (2020) analyzed 448 nurses in Jordan, while Vahedian-Azimi et al. (2020) studied 886 in Iran, including 217 medical personnel, 241 members of the general public, 221 COVID-19 patients, and 207 students.

In addition to medical personnel, there were several quantitative studies conducted by Ben-Ezra et al. (2020), Chao et al. (2020), Elhessewi et al. (2021), Horesh et al. (2020), Lahav (2020), Marzo et al. (2020), Qiu et al. (2020), Qodariah et

al. (2020), and Wang et al. (2021) on public participants. Ben-Ezra et al. (2020) and Chao et al. (2020) studied participants in China, with samples of 1,134 and 976 aged 18-59 and 18 above, respectively. Elhessewi et al. (2021),

Horesh et al. (2020), Lahav (2020), Marzo et al. (2020), Qiu et al. (2020), and Qodariah et al. (2020) analyzed 739, 204, 976, 407, 52,730, and 1,534 participants in Saudi Arabia, Israel, Israel, Philippines, China, and Indonesia aged 18 and over, 18 and over, 18 to 45, under 18 to over 60, and over 17 years old, respectively. Wang et al. (2021) studied 4,479 participants aged 12 to 17 in 7 Asian countries, namely China, the Philippines, Malaysia, Iran, Thailand, Pakistan, and Vietnam.

Psychological distress factor

Several studies found that health workers are experiencing psychological distress during the COVID-19 pandemic. Hawari et al. (2021) reported that factors such as female gender, living with elderly individuals, limited work experience, recent education completion, working fully in COVID-19 cases, fear of infection, family suffering, as well as economic situation contribute to psychological distress. Furthermore, Al-Hanawi et al. (2020) also found similar factors affecting health workers' psychological distress in Saudi Arabia, focusing on female and young frontline workers. Lee et al. (2020)

stated that nurses were more affected than anesthesiologists during the pandemic. Factors such as fear of infection, lack of personal protective equipment, and high workloads also contributed to the distress.

Shahrour and Dardas (2020) found that female, young, low-income, and self-efficacious nurses in Jordan experience psychological distress. Vahedian-Azimi et al. (2020) stated that male and unmarried individuals, including medical workers, in Iran experience this problem, with the highest level found in the general public than medical personnel.

Ben-Ezra et al. (2020) found that individuals in Hubei Province, China, who experience psychological distress engage in self-isolation and adopt additional, non-recommended behaviors, such as taking vitamins and returning to work when offices reopen. In addition, Chao et al. (2020) found that boredom and social media use can increase psychological distress. According to Elhessewi et al. (2021), perceptions of vulnerability and severity of COVID-19, fear of job loss, and excessive advice on prevention contribute to this problem. Horesh et al. (2020) also reported that young, lonely, and diseased individuals in Israel experience psychological distress, similar to the findings of Lahav (2020), where young, single, low-income, ill, and traumatic females experience more distress.

Marzo et al. (2020) found that individuals with high education and residing

in the Visayas Province in the Philippines experience psychological distress. According to Qiu et al. (2020), highly educated and young female adult individuals can also experience this problem. The result is similar to Qodariah et al. (2020), where mothers in Indonesia with more children and knowledge of COVID-19 in the neighborhood experience more depression. Wang et al. (2021) found that young, highly educated, single, or divorced individuals who experience discrimination and have contact with infected people experience psychological distress, with Thailand having the highest level compared to five other countries.

Discussion

Studies conducted by Hawari et al. (2021), Khaled Al-Hanawi et al. (2020), Lee et al. (2020), Shahrour dan Dardas (2020), and Vahedian-Azimi et al. (2020) examined the factors of psychological distress in healthcare workers. Meanwhile, Ben-Ezra et al. (2020), Chao et al. (2020), Elhessewi et al. (2021), Horesh et al. (2020), Lahav (2020), Marzo et al. (2020), Qiu et al. (2020), Qodariah et al. (2020), and Wang et al. (2021) analyzed the problem in the general population using sociodemographic, stress-related, internal, and external factors.

Female gender is a sociodemographic factor that influences psychological distress (Hawari et al., 2021; Horesh et al., 2020; Al-Hanawi et al., 2020; Lahav, 2020; Qodariah

et al., 2020; Shahrour & Dardas, 2020; Wang et al., 2021). This result supports the observation of Drapeau et al. (2012), that women are more vulnerable due to gender-specific personality traits and social factors. However, Vahedian-Azimi et al. (2020) found that male individuals were more susceptible to psychological distress during the COVID-19 pandemic.

Individuals in the early stage of adulthood are also prone to psychological distress (Al-Hanawi et al., 2020; Horesh et al., 2020; Lahav, 2020; Qiu et al., 2020; Qodariah et al., 2020; Shahrour & Dardas, 2020), which aligns with the findings of Mirowsky and Ross (2017), where early adulthood is a time of heightened susceptibility to depression and anxiety. This phenomenon is consistent across society and reflects the challenges of modern life (Mirowsky & Ross, 2017). Unmarried status is another sociodemographic factor that increases the risk of this distress (Horesh et al., 2020; Lahav, 2020; Vahedian-Azimi et al., 2020; Wang et al., 2021) due to the low well-being of individuals (Mirowsky & Ross, 2017). However, studies also found that living with family can lead to psychological distress during the pandemic due to fear of infection (Al-Hanawi et al., 2020; Hawari et al., 2021; Qodariah et al., 2020). Stress-related factors such as isolation and reinforcing behaviors such as taking vitamins (Ben-Ezra et al., 2020), as well as negative news on social media (Chao et al., 2020), also contribute to psychological

distress, as changes in life cause stress (Drapeau et al. (2012). During the pandemic, regulations and protocols, such as isolation and reduced travel time, caused life changes and stress for some individuals (Djalante et al., 2020).

Internal factors contributing to psychological distress in individuals include congenital diseases or comorbidities ((Elhessewi et al., 2021; Horesh et al., 2020; Lahav, 2020; Shahrour & Dardas, 2020). Studies (Almighal et al. (2019), Jarrad et al. (2019), and McLachlan and Gale (2018) showed that physical health issues can impact psychological well-being. However, during the COVID-19 pandemic, it is not the only factor causing this problem. Individuals with pre-existing conditions may experience increased anxiety in a COVID-19 pandemic situation (Girma et al., 2021).

Sociodemographic, stress-related, internal, and external factors contribute to psychological distress. Furthermore, health workers feel the effects of external factors such as a heavy workload during the pandemic (Al-Hanawi et al., 2020; Hawari et al., 2021; Lee et al., 2020). Gispert et al. (2003) reported that work could be a protective factor by fulfilling life needs and reducing distress. However, Hawari et al. (2021), Al-Hanawi et al. (2020), and Lee et al. (2020) showed that health workers with demanding workloads might experience increased psychological distress. As stated by Lahav (2020) and Shahrour and

Dardas (2020) low income is another contributing factor. This aligns with the idea that low income leads to greater distress, according to Mirowsky and Ross (2017).

Sociodemographic, internal, and external factors, such as living in areas with high virus transmission (Ben-Ezra et al., 2020; Marzo et al., 2020), low self-efficacy (Shahrour & Dardas, 2020), and limited work experience and education (Hawari et al., 2021) with lack of health protocols (Lee et al., 2020) also play a crucial role. These findings supported the concept developed by Drapeau et al. (2012) that psychological distress is determined by a complex interplay of sociodemographic, stress-related, internal, and external factors.

The results of this literature review have important clinical and public health implications. First, the significant risk factors for psychological distress can identify populations at higher risk in future pandemics. Second, these findings highlight the need for mental health services and interventions to support populations at risk of psychological distress during the COVID-19 pandemic. By considering protective factors, interventions can be designed to minimize psychological stress in these situations.

Conclusion

This study aimed to identify risk and protective factors that impact psychological distress among individuals in the Asian region

during the COVID-19 pandemic. The results showed that various sociodemographic, stress-related, internal, and external factors could contribute to this problem in individuals. Furthermore, the factors can be a single or a combination of the four. Gender, age, marital or family status, and living in high-risk COVID-19 areas are examples of sociodemographic factors affecting psychological distress. Stress-related risk factors include isolation, taking vitamins, and accessing negative news about the situation through social media. Meanwhile, internal factors such as pre-existing conditions and low self-efficacy can also increase risk. External factors, such as heavy workloads, low income, limited experience, completing education during the pandemic, and non-adherence to health protocols, are potential risks for psychological distress during the COVID-19 pandemic.

Suggestion

This study has limitations since the extent of influence of the identified sociodemographic, internal, and external factors for psychological distress during the COVID-19 pandemic has not been established. Further study, including meta-analysis, can provide deeper insights into this issue. This study was conducted in Asia, and future analysis could broaden the scope by examining psychological distress in other regions to make comparisons and gain a comprehensive understanding.

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