

Anxiety level among working nurses during COVID 19: A cross sectional study.

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Abstract

Introduction: The COVID – 19 pandemic has been affected worldwide. Nepal has been also one of the country affected by coronavirus. It costs many life. Psychological aspects the working health worker under such circumstances leads to undue pressure. The nurses has been worked as a backbone of health care system and their contribution towards this pandemic is not less than warrior inspite of anxiety of infecting self and other.

Materials and methods: Quantitative, Analytical cross-sectional research design was conducted on 209 working nurses who met the inclusion criteria, by using non-Probability purposive sampling. The anxiety level of working nurses was assessed with the help of Hamilton Anxiety Rating Scale for 8 weeks.

Result: The findings of the study revealed that out of 209 nurses 56% nurses reported mild to moderate anxiety and 44% reported moderate to severe anxiety level.

Conclusion: Considerable proportion of nurses working in different wards of hospital appears to experience some degrees of stress and anxiety during COVID-19 pandemic. Hence, it is essential that health organization takes measures to improve nurses' mental health by intervening stress management programme to ensure positive attitude and maintain mental well-being.

Keywords: Anxiety, COVID- 19, Working nurses.

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Introduction

COVID-19 affects different people in different ways. Most infected people will develop mild to moderate illness and recover without hospitalization [1]. The COVID-19 pandemic is also called a severe acute respiratory syndrome coronavirus-2. The WHO has announced the pandemic outbreak in 30 January 2020 [2]. The COVID-19 pandemic in Nepal first case reported on 23 January 2020. Nepal took steps to prevent a widespread outbreak of the disease while preparing for it by procuring essential supplies, equipment and medicine, upgrading health infrastructure, training medical personnel, and spreading public awareness. Nepal was considered one of the highest risk areas for the pandemic, and also one of the least prepared [3]. The corona virus pandemic is an epidemiological and psychological crisis [4]. The enormity of living in isolation, changes in our daily lives, job loss, financial hardship and grief over the death of loved ones has the potential to affect the mental health and well-being of many. Even in this time of physical distancing, it's critical to seek social support and connection with others [5]. Along with its high infectivity and fatality rates, the 2019 Corona Virus Disease (COVID-19) has caused universal psychosocial impact by causing mass hysteria, economic burden and financial losses [6]. The psychological reactions to COVID-19 pandemic may vary from a panic behavior or collective hysteria to pervasive feelings of hopelessness and desperation which are associated with negative outcomes including suicidal behavior. Importantly, other health measures may be compromised by abnormally elevated anxiety. UK, Nursing Times reported on nurses being abused, The International Council of Nurses (ICN) said it was

calling for governments to take action to stop attacks on nurses "at a time when their mental health and wellbeing are already under threat" because of the corona virus pandemic [7]. A public health emergency on this scale make with inadequate and insufficient personal protective equipment (PPE) reported in many areas, nurses are anxious about their own welfare and that of their families. And, of course, nursing staff have died. But nurses report for work in the most challenging of circumstances anyway, because that is the job. The COVID 19 pandemic has seems to be very liable psychological breakdown among the nurses who are working during this crisis situation [8].

Anxiety about patients, the possibility of infecting family members and the financial impact of the pandemic are being felt by many nurses. It seems inevitable that caring for patients in the high-stakes context of COVID-19 will take its toll on the mental health of nurses. The nurses are playing the crucial role in the health care delivery system during this pandemic situation. Simultaneously they are suffering from various issues like fear of infecting to self and their family members, tired less and sleepless night duties. They are at the high risk of developing the psychological breakdown, as the psychological health is also equal to physical health.

The objective of this study is: To assess the level of anxiety among the working nurses during COVID-19. To find out association between the levels of anxiety with the selected socio demographic variables demographic variables and the psychological impact among working nurses.

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Materials and Methods

A Quantitative, Analytical cross-sectional research design was used conducted on 209 working nurses who met the inclusion criteria, by using non-Probability purposive sampling. In this study dependent variable was the anxiety level of working nurses; Independent variable was COVID –19. The sample chosen for the present study was 209 working nurses by using non –probability, purposive sampling techniques which filled in the inclusion criteria and were selected from College of Medical Sciences, Bharatpur-10. The tool used for this study was demographic data(Age ,Gender, Marital Status, Education, Designation, Year Of Experience, Tenure Status, Night shift per week, Presence of Physical/Psychiatric illness, at present taking any psychoactive medications, Presence of support system, Presence of protective measures in hospital, Satisfaction by government policies for health workers during COVID-19) and the Hamilton Anxiety Rating Scale (Anxious mood, Tension, Fears, Insomnia, Intellectual, Depressed mood, Somatic (muscular), Somatic (sensory), Cardiovascular symptoms, Respiratory symptoms, Gastrointestinal symptoms, Genitourinary symptoms, Autonomic symptoms, Behaviour at interview).

Inclusion criteria: Working nurses who are willing to participate in the study.

Exclusion criteria: Working nurses who are not available at the time of data collection

Results

The data and findings have been organized and presented under the following sections.

Analysis of data related to demographic data in terms of frequency and percentage

Distribution of demographics variables are shown in the below (Table 1).

Table 1. Distribution of demographics variables (N=209).

Variable		frequency	Percent
Age	<30	198	94.7
	30-40	11	5.3
Gender	Female	209	100
Marital status	Married	67	32.1
	Separate/ divorced /widow	9	4.3
	unmarried	133	63.6
Education	ANM	1	0.5
	PCL	140	67
	BSC	59	28.2
	BN	9	4.3

Designation	Staff nurse	198	94.7
	Ward incharge	11	5.3
Year of experience	<1year	63	30.1
	1year	52	24.9
	2year	62	29.7
	3year	12	5.7
	>3year	20	9.6
Tenure status	Temporary	203	97.1
	permanent	6	2.9
Night shift per week	1	53	25.4
	2	146	69.9
	3	4	1.9
	>3	6	2.9
Presence of physical/ psychiatric illness	Yes	18	8.6
	No	191	91.4
At present taking any psychoactive medications	Yes	8	3.8
	No	201	96.2
Perceived of support system	Yes	123	58.9
	No	86	41.1
Presence of PPE	Yes	168	80.4
	No	41	19.6
Satisfy by government policy	Yes	34	16.3
	No	175	83.7

Analysis of data related to the association between anxiety level of the working nurses and selected demographic variables

Chi square test for the association between anxiety level and selected demographic variables of working nurses is shown in below (Table 2).

Table 2. Chi square test for the association between anxiety level and selected demographic variables of working nurses (N=209).

Demographic variables		Mild to moderate anxiety level	Moderate to severe anxiety level	p-value
Age	<30	115	83	0.001 (significant)
	30-40	1	10	
Gender	Female	116	93	
Marital status	Married	57	10	2(not significant)
	Separated/ divorced/ widow	6	3	

	Unmarried	53	80	
Education	Undergraduate	83	58	0.159(not significant)
	Graduate	33	35	
Designation	Staff nurse	115	83	0.001(significant)
	Ward incharge	1	10	
Year of experience	<1year -2year	109	68	0.000(significant)
	3->3year	7	25	
Tenure status	Temporary	115	68	0.052(not significant)
	Permanent	1	5	
Night shift per week	1-2days	112	87	0.312(not significant)
	3->3days	4	6	
Presence of physical/psychiatric illness	Yes	9	9	0.623(not significant)
	No	107	84	
At present taking any psychoactive medications	Yes	4	4	0.749(not significant)
	No	112	89	
Perceived of support system	Yes	76	47	0.029(significant)
	No	40	46	
Presence of PPE	Yes	95	73	0.538(not significant)
	No	21	20	
Satisfy by the government policies for health workers during COVID-19	Yes	22	12	0.238(not significant)
	No	94	81	

Researcher applied chi square test for association of anxiety level of working nurses with their demographic variables. Since p-value corresponding to designation, year of experience, perceived of support (less than 0.05), are significant.

Discussion

The aim of the present study was to conduct a Quantitative ,Analytical cross-sectional research design, to determine the prevalence of anxiety in working nurses in COVID-19 pandemic. According to our findings, the overall prevalence of mild to moderate anxiety is 56%, and from moderate to severe is 44% in female nurses. The study conducted by Neupane M et al.⁷ Cui S et al. findings of the study revealed that out of 181 nurses 54.7% nurses reported moderate and 37.6% reported high level of stress and 10.5% of nurses reported mild to moderate level of anxiety. Female

nurses comprised the majority (96.47%) of our respondents; they reported higher anxiety levels.

Conclusion

Psychological intervention is necessary, and hospitals and government should take adequate measures. These measures include strengthening and providing protective training and measures, ensuring sufficient numbers of working nurses of different areas of hospital. Reducing the number of night shifts, ensuring adequate rest time, ensuring about proper support system.

This study has been performed during the peak of COVID-19 outbreak in Nepal, when the knowledge was limited in health workers and in community. The behaviour and attitude of the general population towards health worker was not pleasant.

Conflict of Interest

None

References

1. Viswanathan A, Rocca WA, Tzourio C. Vascular risk factors and dementia: how to move forward?. *Neurol.* 2009;72:368-74.
2. Raina SK, Raina S, Chander V, et al. Identifying risk for dementia across populations: A study on the prevalence of dementia in tribal elderly population of Himalayan region in Northern India. *Ann Indian Acad Neurol.* 2013;16:640.
3. Fratiglioni L, Launer LJ, Andersen K, et al. Incidence of dementia and major subtypes in Europe: A collaborative study of population-based cohorts. *Neurologic Diseases in the Elderly Research Group. Neurol.* 2000;54:S10-5.
4. Alves J, Magalhães R, Machado Á, et al. Non-pharmacological cognitive intervention for aging and dementia: Current perspectives. *World World J Clin Cases.* 2013;1:233 –241.
5. Prince M, Ali GC, Guerchet M, et al. Recent global trends in the prevalence and incidence of dementia, and survival with dementia. *Alzheimer's Rese Therapy.* 2016;8:1-3.
6. Logsdon RG, McCurry SM, Teri L. Evidence-based interventions to improve quality of life for individuals with dementia. *Alzheimer's Care Today.* 2007;8:309 –318.
7. Neupane MS, Angadi S, Joshi A, et al. Stress and anxiety among nurses working in tertiary care hospitals in Nepal during COVID-19 pandemic. *J Chitwan Med College.* 2020;10:1-9.
8. Cui S, Jiang Y, Shi Q, et al. Impact of COVID-19 on anxiety, stress, and coping styles in nurses in emergency departments and fever Clinics: A cross-sectional survey. *Risk Manag Healthc Policy.* 2021;14:585-594.

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